



ISLE  
OF  
WIGHT  
COUNTY  
COUNCIL

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*[Signature]*

ANNUAL  
REPORT  
FOR  
1962  
ON THE  
HEALTH AND WELFARE  
AND  
SCHOOL HEALTH  
SERVICES

R. K. MACHELL, M.B., Ch.B., D.P.H.,

*County Medical Officer, County Welfare Officer  
and Principal School Medical Officer*



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# Constitution of Committees

(At 31st December, 1962)

## HEALTH AND WELFARE COMMITTEE

(Meets Quarterly)

*Chairman* : Mrs. M. C. Barton

*Vice-Chairman* : Mr. A. H. Rowland

Mr. L. A. Blacklock	Miss M. O'Connor, O.B.E.
Mr. J. A. Brazier, M.B.E., J.P.	Mrs. D. J. Peacock
Mr. W. G. Bull, J.P.	Mr. A. O. Purdy
Mrs. M. Christy	Mr. E. E. Ralls
Miss J. M. Damant, J.P.	Major S. C. Selwyn, M.B.E., E.R.D.
Mr. C. S. Fowler	Mrs. L. Tilbury
Mr. W. A. Howlett	Mrs. E. Wall
Mr. A. G. Moody	Capt. H. J. Ward, D.L., J.P.

*Co-Opted Members* :

Mr. S. R. Bird, J.P.  
Mr. J. P. Collins  
Dr. F. R. B. H. Kennedy, M.B.E., J.P. (Nominated by Local Medical Committee)  
Mrs. W. H. Margham, S.R.N., S.C.M. (Nominated by Royal College of Nursing)  
Mrs. M. Woodnutt

## GENERAL PURPOSES COMMITTEE

(Meets Monthly)

*Chairman* : Mrs. E. Wall

*Vice-Chairman* : Mr. A. H. Rowland

Mrs. M. C. Barton	Dr. F. R. B. H. Kennedy, M.B.E., J.P.
Mr. S. R. Bird	Mrs. W. H. Margham, S.R.N., S.C.M.
Mr. L. A. Blacklock	Mr. A. G. Moody
Mr. W. G. Bull, J.P.	Mrs. D. J. Peacock
Mr. J. P. Collins	Mr. A. O. Purdy
Mr. C. S. Fowler	Mr. E. E. Ralls
Mr. W. A. Howlett	Major S. C. Selwyn, M.B.E., E.R.D.

## MENTAL HEALTH SUB-COMMITTEE

(Meets Quarterly)

*Chairman* : Mr. J. A. Brazier, M.B.E., J.P.

*Vice-Chairman* : Mrs. L. Tilbury

Mrs. M. C. Barton	Mr. W. A. Howlett
Mr. S. R. Bird	Miss M. O'Connor, O.B.E.
Mr. L. A. Blacklock	Mr. A. O. Purdy
Mr. W. G. Bull, J.P.	Mr. E. E. Ralls
Mrs. M. Christy	Mr. A. H. Rowland
Mr. J. P. Collins	Major S. C. Selwyn, M.B.E., E.R.D.
Miss J. M. Damant, J.P.	Mrs. M. Woodnutt

## CARE OF THE AGED AND AFTER CARE SUB-COMMITTEE

(Meets Bi-Monthly)

*Chairman* : Mrs. M. C. Barton

*Vice-Chairman* : Major S. C. Selwyn, M.B.E., E.R.D.

Mr. J. A. Brazier, M.B.E., J.P.	Miss M. O'Connor, O.B.E.
Mrs. M. Christy	Mrs. D. J. Peacock
Miss J. M. Damant, J.P.	Mr. A. H. Rowland
Mr. C. S. Fowler	Mrs. L. Tilbury
Dr. F. R. B. H. Kennedy, M.B.E., J.P.	Mrs. E. Wall
Mrs. W. H. Margham, S.R.N., S.C.M.	Mrs. M. Woodnutt
Mr. A. G. Moody	

*Co-Opted Members* :

Mr. J. H. Bennett  
Mrs. M. J. Sinclair

## EDUCATION COMMITTEE

(Meets Quarterly)

*Chairman:* Miss M. O'Connor, O.B.E.

*Vice-Chairman:* Mrs. M. Christy

## EDUCATION SPECIAL SERVICES SUB-COMMITTEE

(Meets Monthly)

*Chairman:* Mr. A. H. Rowland

*Vice-Chairman:* The Hon. Mrs. E. G. Kindersley

Mrs. M. C. Barton	Mr. G. F. Mew, B.E.M.
Mrs. M. Christy	Miss M. O'Connor, O.B.E.
Mr. S. L. Glossop, J.P.	The Rev. P. O'Mahony
Brig. S. J. H. Green, D.S.O., M.B.E.	Mr. E. E. Ralfs
Mr. L. K. Lucas	

## STAFF

County Medical Officer and Welfare Officer, and Principal School Medical Officer ... ..	R. K. Machell, M.B., Ch.B., D.P.H.
Deputy County Medical Officer and Deputy Principal School Medical Officer ... ..	†J. D. Mills, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officers and School Medical Officers ... ..	*J. D. Russell, M.B., B.S. (Syd.), D.P.H. M. Ashley-Miller, M.A., B.M., B.Ch., D.Obst.R.C.O.G., D.P.H.
Assistant County Medical Officers and School Medical Officers ... ..	Lilian I. Orba, M.B., Ch.B., D.Obst. R.C.O.G. (Resigned 31st August, 1962). D. Hazel Russell, M.B., Ch.B., (Part-time). Roberta Evans, B.Sc., M.B., D.Obst. R.C.O.G. (Part-time). E. F. Laidlaw, M.B., B.Chir.
Chest Physician ... ..	G. Simons, L.D.S.
Senior County Dental Officer and Principal School Dental Officer ...	W. Maden, B.D.S.
Dental Officers ... ..	J. Moore, L.D.S. J. O. Yearby, B.D.S.
Adviser in Mental Health ... ..	C. Davies Jones, M.B., Ch.B. (resigned 30th September, 1962; died 23rd November, 1962).
Hon. Adviser in Mental Health ...	G. Gordon Brown, L.R.C.P., L.R.C.S., L.R.F.P.S. (From December, 1962).
Consultant in Child Psychiatry ... ..	Gwen D. Knight, M.R.C.S., L.R.C.P., D.P.M.
Administrative Officer ... ..	E. E. Woodhouse (from 12th February, 1962).
Educational Psychologist ... ..	R. Davie, B.A. (Psych.), Dip.Ed.Psych.
Psychiatric Social Worker ... ..	Miss M. C. Godfrey, B.A.
Social Worker ... ..	J. Chisnell, A.A.P.S.W.
Speech Therapists ... ..	Miss J. Eglen, L.C.S.T. Miss I. Haddock, L.C.S.T. Miss D. Hitchens, C.S.P., F.A.P.T.
Remedial Gymnast ... ..	
County Nursing Officer and Superintendent Health Visitor ... ..	Miss M. A. Gibbons, S.R.N., S.C.M., H.V.
Deputy County Nursing Officer and Non-Medical Supervisor of Midwives ...	Miss M. G. Morris, S.R.N., S.C.M., H.V.
Ambulance Officer ... ..	R. F. Sullivan, M.B.E.

Senior Mental Welfare and Social Welfare  
 Officer ... ..  
 Mental Welfare and Social Welfare  
 Officers ... ..  
 Social Welfare Officer ... ..  
 Supervisor Training Centre ... ..  
 Home Help Organiser ... ..  
 W.V.S. Hospital Car Secretary ... ..  
 Senior Clerks ... ..

E. G. Bowley, F.I.S.W.  
 G. Gould, A.I.S.W.  
 M. J. Stanbrook  
 L. Mew  
 Mrs. M. Turner, S.R.N., S.C.M., H.V.  
 Miss C. T. Pickering, M.B.E.  
 Miss H. M. Rickard  
 Mrs. M. W. Floyd  
 W. G. Clarke  
 B. W. Pierce

†Also M.O.H. to the Borough of Newport, Cowes Urban and the Isle of Wight Rural  
 Districts  
 \*Also M.O.H. to the Borough of Ryde and Sandown-Shanklin and Ventnor Urban  
 Districts



# REPORT

## on the Health, Welfare and School Health Services in the Isle of Wight for the year 1962

*To the Chairman and Members of the Health and Welfare Committee of the Isle of Wight County Council.*

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the County Council's health and welfare services for the year 1962. This year not only is the shape of the volume more convenient but I have also incorporated the report on the School Health Service, which I hope will provide more interesting and comprehensive reading. It also makes it possible to see the local authority's Dental Service as a whole, for while Mr. Simons reports on the Section 22 services on page 15, ninety per cent of the work of his team of dental officers is described in the School Report. The combination of health, welfare and school health in one volume symbolizes one of the fundamentals on which I have based the administration of the department, namely that the family for whom we cater in the domiciliary services is not a tidy administrative category but a complex dynamic unit whose constantly changing needs can only be really effectively met by an efficient and well co-ordinated team.

In addition to the usual statistical tables, and reports on the work of the officers among mothers and young children, school children, the mentally and physically handicapped, and the aged, there are reports from the Secretaries of the voluntary associations who act as the County Council's agents for the operation of the schemes for the blind and the deaf. There are also contributions by the Chest Physician, the Director of the Mass Radiography Centre, the Consultant in charge of the Special Clinic, the Medical Superintendent of Whitecroft Psychiatric Hospital and the Consultant Child Psychiatrist, to all of whom I am indebted for their co-operation and their interest in the preventive, after-care and other services which we provide.

There were 48 less live births in 1962 than in the previous year and the rate per thousand at 13.3 was lower than the national figure of 18.0. There were 8 more stillbirths and 10 more illegitimate live births than in 1961. The infant mortality rate was 22.7 compared with 20.3 in 1961 and with the national rate for 1962 of 21.4. The increase of 8 stillbirths and decrease of one death in the first week of life gave a perinatal mortality rate of 37.2 compared with 30.7 in the previous year and a national rate of 30.8. No mothers died in childbirth.

The 333 notifications of infectious disease, of which measles accounted for half, were the second lowest in the last ten years and particulars are set out in the appropriate section of this report. There were no notifications of smallpox, poliomyelitis or puerperal pyrexia, and ten years have now passed since a case of diphtheria was notified. The number of notifications of whooping cough was the lowest since 1940. Notifications of pulmonary tuberculosis were the lowest on record and less than half of the figure for 1952. Three cases of non-pulmonary tuberculosis were



notified in 1962 compared with 33 in 1952. This must not, however, give rise to complacency as a visit of the Mass Miniature Radiography Unit led to the discovery of 37 cases of significant pulmonary tuberculosis. To add to our knowledge of the tuberculosis position on the Island the Committee agreed that tuberculin testing should be offered to children on entering school in addition to the existing scheme for children in their thirteenth year.

Both the number of attendances and of children attending at Infant Welfare Centres showed an increase on the previous year, and while the numbers attending the Section 22 dental clinics were fewer than in 1961, when the number of toddlers attending had been rather higher than the previous year, 68 expectant and nursing mothers and 114 children under 5 were found to need treatment.

The 473 domiciliary confinements carried out by County Council midwives were fewer than the previous year by 48, which happened to be the same number as the decrease in total births. Under the scheme approved by the Committee in 1961, health visitors continued to test all young babies to exclude the condition of phenylketonuria. Details of the visits paid by district nurses and health visitors are set out under Sections 24 and 25.

Arrangements for offering oral poliomyelitis vaccine through County Council clinics and family doctors were put into full operation early in the year and it is estimated that 87 per cent of the population under 20 have been protected against poliomyelitis.

The number of patients carried by ambulances and hospital cars, and the total mileage, while exceeding the 1960 figures, showed a slight decrease on 1961. Helicopters were requested by consultants on six occasions.

By far the greatest proportion of the 560 cases provided with services from the fifty-five Home Helps during the year were in the category of chronic sick, including aged and infirm. This trend is not unexpected and will obviously increase as more aged people remain in their own homes.

The inspection of food and drugs, the supervision of midwives, and the inspection of Nursing Homes and Child Minders continued throughout the year and new regulations which came into operation in September strengthened the powers of local authorities in securing the maintenance of a high standard in mental nursing homes and homes for old, disabled and mentally disordered persons.

The three district welfare officers and the geriatric welfare officer put in another hard year's work among the aged and the physically handicapped, and a good link was maintained with the psychiatric and geriatric units. The individual welfare officers and health visitors are getting to know each other better and I hope to foster quarterly local group case discussions in the five main centres of population where we have our own clinic premises.

The devoted work under Miss Pickering's untiring supervision of training children and adults who can never go to school or work must not go unmentioned. One of her assistants, Miss Tait, became our first candidate for the diploma course for Training Centre assistants. It has

given Miss Pickering and her staff added incentive to know that work on a purpose-built Centre on a new and most attractive site will be commenced in 1963.

Of the circulars received from the Ministry of Health during the year, the most far reaching was of course Circular 2/62 which, referring to the Hospital Plan, asked local authorities to draw up and submit to the Minister their plans for the development of the health and welfare services over the next ten years. The Plan, which the County Council approved in September, will be reviewed annually and I have reproduced some of the more salient points in this report. This Circular was followed shortly by two further ones asking local authorities to review the contribution which voluntary organisations may make towards the development of community services. Organisations with a substantial potential for voluntary health and welfare work have been asked to state what they at present do and would be prepared to do over the next few years. The work of volunteers among the aged and handicapped, in clinics, in the hospital car, ambulance and meals on wheels services, to mention a few examples, is already widely known and, in the case of the aged, local authorities now have extended powers under the National Assistance Act, 1948 (Amendment) Act, 1962, to contribute towards voluntary organisations.

Circular 11/62 was of particular interest in that it was accompanied by the first three of a new series of building notes applying to residential accommodation for elderly people and local health authority clinics. Notes on junior and adult training centres, hostels for the mentally sub-normal and ambulance stations are to follow. These should be of help to us at the appropriate time in preparing projects included in the Ten Year Plan.

Another step towards ensuring closer relation in the development of health visiting and social welfare was the passing in October of the Health Visiting and Social Work (Training) Act, 1962, as a result of which two Councils came into being, one for the training of Health Visitors and one for training in Social Work, both under the Chairmanship of Sir John Wolfenden.

Another reminder that the three parts of the National Health Service cannot work in isolation was the Memorandum on Admission to Hospital and Domiciliary Care, and Hospital Waiting Lists. In the accompanying Circular the Minister expressed the hope that everything possible would be done to ensure adequate services, for example home nursing, health visiting, social welfare, home help, or admission to an old persons' home, for patients who "do not need the treatment, investigation or nursing care which only a hospital can give."

Important events of the year included the official opening in April of the new clinic at the Fairway, Lake, by Councillor G. E. Boynton, Chairman of the Sandown-Shanklin Urban District Council, and the opening in May by Mrs. S. C. Selwyn, of a new annexe for 17 old people at Inver House, Bembridge. This event marked an end to accommodating old people in Part III beds in St. Mary's Hospital. The visit by the Minister of Health in May gave us an opportunity to stress some of the difficulties facing a population such as ours with an above-average proportion of elderly and retired residents, in meeting the challenge of present day community health and welfare needs.

In January Mrs. Janion retired from the post of Home Help Organiser. I am sure that many of her colleagues join me in paying tribute to her enterprise and leadership in building up a really efficient service with a high level of *esprit de corps*. When Miss Rickard took over her post she inherited a team to be proud of and in carrying on this highly specialised job she will find her long experience in the Health and Welfare Department of the greatest help. The new post of Administrative Officer which carries a great deal of responsibility in a department which has had to expand considerably to keep pace with the development of community services, was filled in February by Mr. E. E. Woodhouse. Mr. Bowley and he worked long and hard in collecting facts and preparing figures for the Ten Year Plan. In July Dr. Ashley-Miller returned to duty from the London School of Hygiene and Tropical Medicine where he was successful in obtaining the *Diploma in Public Health*. I should like to thank Dr. Hazel Russell for her conscientious service in schools and clinics in his absence and also Dr. Anne Simpson who acted as locum on a number of occasions. In August Dr. Lilian Orba left for a post in the United States where we wish her every success. She will be remembered particularly for her work at the Spastic Day Unit including her contribution to the Symposium on Cerebral Palsy. In September Dr. Roberta Evans joined the staff in a part-time capacity to do clinical work in schools, infant welfare and immunisation sessions, having previously acted as a locum for clinic sessions.

I should like to pass on to both the field and office staff their share of the credit for the results of another hard year's work, and particularly those who have assisted in the preparation of this report, and finally may I thank you and the members of the Committee for the support, encouragement and confidence I have enjoyed during the past year.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL,

*County Medical Officer  
and County Welfare Officer.*

County Hall,  
Newport, I.W.  
August, 1963.

**Table I. Population of County Districts**

Sanitary Authority	Popula- tion at 1951 Census	Registrar General's Estimate of Population for :				
		1958	1959	1960	1961	1962
I.W. Rural District ... ..	17929	17560	17500	17660	18060	18100
Cowes U.D. ... ..	17154	16950	16890	16950	16900	17000
Newport M.B. ... ..	20426	19730	19880	19140	19000	18950
Ryde M.B. ... ..	20084	20060	20060	19970	19440	19690
Sandown-Shanklin U.D. ... ..	12693	12580	12630	12810	13000	13250
Ventnor U.D. ... ..	7308	6720	6540	6460	6000	6100
Whole County ... ..	95594	93600	93500	92990	92400	93090

**Table II. Vital Statistics of all Districts—1962**

Area	Rural District	Cowes	Newport	Ryde	Sandown Shanklin	Ventnor	Whole County	England and Wales Rate per 1,000
Population—Registrar General's Esti- mate (Civilians and Non-Civilians)	18100	17000	18950	19690	13250	6100	93090	
Total Deaths :								
Number ... ..	257	250	344	268	191	121	1431	
Males ... ..	148	126	167	149	84	62	736	
Females ... ..	109	124	177	119	107	59	695	
Crude death-rate per 1000 population	14.2	14.7	18.2	13.6	14.4	19.8	15.4	11.9
Comparative factor ... ..	0.75	0.88	0.70	0.76	0.71	0.71	0.77	
Comparative death-rate ... ..	10.7	12.9	12.7	10.3	10.2	14.1	11.9	
Live Births :								
Number ... ..	209	275	258	280	139	73	1234	
Males ... ..	113	136	132	141	68	37	627	
Females ... ..	96	139	126	139	71	36	607	
Rate per 1000 population (crude)	11.5	16.2	13.6	14.2	10.5	12.0	13.3	18.0
Comparative factor for calculation of birth rate ... ..	1.15	1.07	1.15	1.08	1.19	1.08	1.12	
Comparative birth rate ... ..	13.2	17.3	15.6	15.3	12.5	13.0	14.9	
Illegitimate Live Births (per cent of total live births) ... ..	4.8	8.4	10.5	7.5	5.0	5.5	7.5	
Stillbirths :								
Number ... ..	7	6	3	7	5	2	30	
Males ... ..	4	2	1	5	2	2	16	
Females ... ..	3	4	2	2	3	—	14	
Rate per 1000 total live and stillbirths	32.4	21.4	11.5	24.4	34.7	26.7	23.7	18.1
Total live and stillbirths ... ..	216	281	261	287	144	75	1264	
Infant deaths (under 1 year) ... ..	3	7	6	6	4	2	28	
(deaths of infants under 4 weeks of age)	2	6	4	4	2	2	20	
(deaths of infants under 1 week of age)	2	5	3	3	2	2	17	
Infant Mortality Rates :								
Total infant deaths per 1000 total live births ... ..	14.4	25.5	23.3	21.4	28.8	27.4	22.7	21.6
Legitimate infant deaths per 1000 legitimate live births ... ..	15.1	15.9	17.3	19.3	30.3	29.0	19.3	
Illegitimate infant deaths per 1000 illegitimate live births ... ..	—	130.4	74.1	47.6	—	—	65.2	
Neo-natal mortality rate (deaths under 4 weeks per 1000 total live births)	9.6	21.8	15.5	14.3	14.4	27.4	16.2	15.1
Early Neo-natal mortality rate (deaths under 1 week per 1000 total live births)	9.6	18.2	11.6	10.7	14.4	27.4	13.8	
Peri-natal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and stillbirths) ...	41.7	39.1	23.0	34.8	48.6	53.3	37.2	30.8
Maternal mortality (including abortion)								
Number of deaths ... ..	—	—	—	—	—	—	—	
Rate per 1000 total live and stillbirths	—	—	—	—	—	—	—	0.4



**Table III. The number of Deaths from certain diseases  
for the ten years, 1953—1962**

<i>Causes of Death</i>	1953	1951	1955	1956	1957	1958	1959	1960	1961	1962
Whooping Cough ...		1	1							
Diphtheria ...										
Tuberculosis of respiratory system ...	14	16	10	8	4	5	3	5	5	6
Other forms of tuberculosis	1		1	1	2	1	1			
Influenza ...	24	4	8	9	14	5	20	2	3	5
Measles ...	1	1								
Acute poliomyelitis and polio-encephalitis ...	1			1						
Cancer all sites ...	241	212	232	219	239	231	216	218	303	231
Cancer of lung and bronchus ...	32	25	35	36	37	40	47	43	68	54
Vascular lesions of nervous system ...	212	210	198	188	188	218	232	237	210	194
Coronary disease angina	175	156	165	163	174	204	216	198	257	221
Other heart diseases ...	311	339	330	302	277	254	321	275	325	272
Other disease of circulatory system ...	38	39	43	57	40	55	45	63	55	81
Bronchitis ...	57	40	51	56	39	46	46	46	43	56
Pneumonia ...	60	61	57	75	34	90	84	70	45	59
Other respiratory diseases	6	13	18	15	11	20	13	22	8	14
Gastritis, enteritis and diarrhoea ...	1	8	7	5	10	8	9	4	6	8
Puerperal and post-abortive sepsis }	3	2	1	1		1	2			
Other maternal causes }										
Congenital malformations	5	9	7	6	11	7	3	5	9	5
Motor vehicle accidents ...	3	11	9	6	6	6	9	7	12	7
All other accidents ...	18	25	26	27	16	31	26	25	20	22
Other violent causes ...	16	9	10	9	11	14	12	9	13	12
<b>Isle of Wight</b>										
Death rate per 1000 population ...	14.4	14.2	14.4	13.9	13.3	15.0	14.9	14.3	15.8	15.4
Comparable death rate per 1000 ...	10.8	10.5	10.7	10.3	10.0	11.4	11.5	10.9	11.9	11.9
<b>England and Wales</b>										
Death rate per 1000 population ...	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5	12.0	11.9

**Table IV. Deaths in various age groups for the ten years 1953—1962**

AGES		1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
0— 1	Males ...	14	21	17	11	10	14	12	16	16	18
	Females ...	9	11	11	9	7	14	5	8	10	10
	TOTAL	23	32	28	20	17	28	17	24	26	28
1— 4	Males ...	3	6	2	4	1	3	2	1	1	2
	Females ...	4	1	2	4	2	3	2	3	1	3
	TOTAL	7	7	4	8	3	6	4	4	2	5
5—14	Males ...	4	1	2	6	7	4	1	3	1	2
	Females ...	2	1	5	2	1	2	2	1	3	3
	TOTAL	6	2	7	8	8	6	3	4	4	5
15—44	Males ...	18	27	25	19	17	33	21	18	23	9
	Females ...	22	15	15	15	20	19	14	13	15	13
	TOTAL	40	42	40	34	37	52	35	31	38	22
45—64	Males ...	125	144	132	122	134	136	136	148	161	163
	Females ...	121	101	108	111	92	74	88	95	99	103
	TOTAL	246	245	240	233	226	210	224	243	260	266
65 and over	Males ...	456	463	481	459	436	488	518	471	515	542
	Females ...	564	536	539	540	521	614	601	555	611	563
	TOTAL	1020	999	1020	999	957	1102	1119	1026	1126	1105
GRAND TOTAL		1342	1327	1339	1302	1248	1404	1402	1332	1456	1431

## **Births**

The number of births in the Isle of Wight showed a decrease over the previous year of 48 to 1,234. This figure given by the Registrar General is for births registered during 1962 and adjusted for inward and outward transfers. It therefore differs from the unadjusted figures compiled locally and detailed in Table V of this report. In a population of 93,000 this gives a live birth rate per 1,000 population of 13.3. In the country as a whole however the birth rate for 1962 was 18.0. This was the highest since 1948.

Because of the difference in the sex and age distribution of the population in different parts of England and Wales, it is necessary to multiply the crude birth rate by a comparability factor (1.12) and when this is done the resulting rate is comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area. The comparative birth rate for the Island is therefore  $13.3 \times 1.12$  or 14.9 compared with 18.0 for England and Wales.

## **Stillbirths**

There were 30 stillbirths during the year compared with 22 in 1961, 26 in 1960, 21 in 1959 and 25 in both 1958 and 1957. This gave a still-birth rate of 23.7 per 1,000 total (live and still) births. The stillbirth rate for England and Wales was 18.1 per 1,000 total live and stillbirths compared with 19.1 for 1961.

Deaths

The deaths in the Island exceeded the live births by 197 (174 the previous year).

The total number of deaths on the Island corrected for inward and outward transfers was 1,431 (1,456 in the previous year) giving a death rate of 15.4 per 1,000 of the population. The adjusted death rate, i.e. the crude death rate multiplied by a comparability factor 0.77, was 11.9 the same figure as in the previous year ; the comparable figure for England and Wales was 11.9.

Of 1,431 deaths, 1,105 or 77.2 per cent occurred in the 65 and over age group.

Morbidity

The number of first certificates of incapacity received at the local offices of the Ministry of Pensions and National Insurance during 1962 was 11,044 compared with 9,778 in 1961. The highest number in any week was 538 for the week ended 9th January and the lowest 103 for the week ended 7th August.

NATIONAL HEALTH SERVICE ACT, 1946

Section 22—Care of Mothers and Young Children

Deaths of Infants under one year

Throughout England and Wales the figure for infant deaths in the first year of life during 1962 was 21.6 per 1,000 live births.

In the Isle of Wight, the figure of 22.7 per 1,000 represents deaths of 28 infants in this category.

Stillbirths and infant deaths under one week (perinatal deaths) totalled 47 compared with 40 in 1961.

Maternal Mortality

It is very satisfactory to report for a third year that no maternal deaths occurred in the Isle of Wight. During the decade 1950-1959 maternal deaths ranged from one to three per year.

The maternal mortality rate for England and Wales during 1962 was 0.4 per 1,000 live and stillbirths.

Table V. Births notified to the County Medical Officer since 1953 according to place of occurrence

Year	Total Births	Sex		Born at Home			Born in Nurs- ing Home		Per- centage	Born in Hos- pital		Per- centage
		M	F	Live Births	Still Births	Per- centage	Live Births	Still Births		Live Births	Still Births	
1953	1244	656	588	494	12	40.7	227	3	18.5	491	17	40.8
1954	1253	635	618	532	12	43.4	150	1	12.0	539	19	44.6
1955	1200	634	566	567	7	47.8	85	—	7.1	524	17	45.1
1956	1208	619	589	540	8	45.5	73	1	6.1	569	17	48.4
1957	1201	637	564	537	7	45.3	80	—	6.7	560	17	48.0
1958	1218	654	564	540	5	44.7	53	1	4.5	600	19	50.8
1959	1149	603	546	509	3	44.6	27	—	2.3	593	17	53.1
1960	1271	651	620	551	8	44.0	24	—	1.9	671	17	54.1
1961	1318	683	635	521	2	39.7	26	1	2.0	750	18	58.3
1962	1288	660	628	472	3	36.9	10	—	0.8	778	25	62.3



The above table shows that there was a decrease of 30 notified births from 1961 and our domiciliary midwifery service dealt with 48 less confinements. Hospital confinements increased by 35 and those admitted to nursing homes decreased from 27 to 10.

During the year twin births occurred in 20 cases, and triplets in 1 case.

**Table VI. Ante-Natal and Post Natal Clinics**

	<i>No. of Clinics provided at end of year</i>	<i>Average No. of Sessions held per month</i>		<i>No. of Women in Attendance</i>		<i>Total number of attendances made by women included in col. (4) during the year (6)</i>
		<i>Medical Officers sessions</i>	<i>Mid-wives sessions</i>	<i>No. of women who attended during year</i>	<i>No. of new cases included in col. (4)</i>	
(1)	(2)	(3)		(4)	(5)	(6)
Ante-natal clinics	—	1.75	0.4	91	62	125
Post-natal clinics	*	*	*	11	11	11

\*Post-natal cases are seen at Ante-natal sessions.

During 1962, the Local Health Authority Ante-Natal sessions at Frshwater and Sandown were taken over by general practitioners. All ante-natal and post-natal clinics on the Island are now held by general practitioners, either in their surgeries or at County Council premises.

**Premature Births**

During 1962, there were 86 live births and 7 stillbirths of babies weighing 5½ lbs. or under.

65 of the premature live births occurred in hospital and, of these, 8 died within 24 hours of birth and 50 survived 28 days. 21 premature live births occurred at home, all surviving 28 days.

All 7 premature stillbirths occurred in hospital.

**Table VII. Fate of 86 Premature Children by weight groups**

<i>Weight at Birth</i>	<i>Total</i>	<i>Deaths</i>
3 lb. 4 oz. or less ...	10	6
Under 4 lb. 6 oz. ...	14	1
Under 4 lb. 15 oz. ...	14	1
Under 5 lb. 8 oz. ...	48	

## DENTAL TREATMENT

By Mr. G. Simons (Senior County Dental Officer)

Dental Officers have carried out regular dental inspections at all the larger welfare clinics, but visits to the smaller village clinics have been discontinued as the number of attendances did not appear to justify the use of a dental officer's time. Patients from these clinics, however, are referred to the various dental clinics by the nursing staff.

Of a total of 146 mothers examined, 68 were found to be in need of treatment and 56 were actually treated. 88 young children were treated out of 625 examined and 114 needing treatment.

Much damage continues to be done to the teeth of young children by the use of syrupy vitamin C preparations and I believe that their indiscriminate use is unjustified. Much of the dental officers' time at welfare clinics is taken up by dental health education but, in face of the vast sums of money spent in advertising dentally harmful products, it is uphill work. A Dental Health Exhibition was staged by the dental staff at the Island Industries Fair in April. It was an ambitious effort and, I believe, a very successful one. It was opened for one week, was exceptionally well attended and it is hoped that some lasting good was done by the propaganda which we were able to carry out.

The co-operation of all the nurses at the welfare clinics and of the health visitors has been, as usual, greatly valued.

### Dental Care of Expectant and Nursing Mothers and Children under School Age, 1962

- (a) Number of Officers employed at end of year on a salary in terms of whole-time officers to the maternity and child welfare service :
  - (1) Senior Dental Officer ... .. 0.1
  - (2) Dental Officers ... .. 0.3
- (b) Number of Officers employed at the end of year on sessional basis in terms of whole-time officers to the maternity and child welfare service ... Nil
- (c) Number of Dental Clinics in operation at end of year ... 5
- (d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year ... .. 122
- (e) Number of Dental Technicians employed ... .. Nil

**Table VIII. Numbers provided with Dental Care and forms of Dental Treatment provided**

	Exam- ined	No. of persons who com- menced treat- ment during the year	No. of courses of treat- ment com- pleted during the year	Scal- ings or Scaling and gum treat- ment	Fill- ings	Silver Nit- rate treat- ment	Crowns or Inlays	Extrac- tions	Gen- eral Anaes- thetics	Dentures provided		Radio- graphs
										Com- plete	Partial	
Expectant and Nursing Mothers	146	56	39	17	128	—	2	107	—	13	4	—
Children under 5	625	88	79	—	137	20	—	63	—	—	—	—

## INFANT WELFARE CENTRES

The total number of attendances at Infant Welfare Centres during the year was 17,105, i.e. 227 more than in 1961. Of these, 11,365 (11,231) were made by infants under one year and 5,740 (5,647) by children between one and five years.

The new clinic at the Fairway, Lake, was opened in April and clinic sessions were held weekly, fortnightly or monthly in twenty-four centres throughout the Island.

The number of children who attended the centres during the year was 2,666 compared with 2,554 in 1961.

## DISTRIBUTION OF WELFARE FOODS

Thirty-four Centres on the Island distributed welfare foods to expectant and nursing mothers and children under five years of age.

This was the first full year of trading since the latest price increase on the 1st June, 1961.

From the following table the full effect of the price increase by the considerable drop in sales of Cod Liver Oil, Vitamin A and D Tablets and Orange Juice on last year and the downward trend since 1957 will be seen.

**Table IX**

<i>Year</i>	<i>National Dried Milk (tins)</i>	<i>Cod Liver Oil (bottles)</i>	<i>Vitamin A and D Tablets (packets)</i>	<i>Orange Juice (bottles)</i>
1957	32105	7158	3965	64125
1958	25793	4661	3853	39452
1959	24997	4101	3912	36437
1960	23925	4347	3956	35919
1961	23663	3187	3242	23979
1962	23291	1381	1935	14964

## REVIEW OF NURSING SERVICES

Following a review of the staffing and organisation of the Nursing Service in May, 1962, a revision of the establishment and districts was approved, on the understanding that the additional staff required would be provided over a period of the next few years.

The number of districts was reduced from fourteen to six.

The new establishment of nursing staff approved was as shown in the following table :—

**Table X**

<i>District</i>	<i>Midwives and District Nurses/ Midwives</i>	<i>General Nurses</i>	<i>Relief Nurses</i>	<i>Health Visitors and School Nurses</i>	<i>Super- visory</i>	<i>Total</i>
Newport area ...	4.0	2.5	1.0	3.0	—	10.5
Ryde area ...	4.0	3.5	2.0	4.0	—	13.5
Cowes area ...	4.0	2.0	1.0	3.0	—	10.0
Sandown-Shanklin area	4.0	1.0	1.0	2.0	—	8.0
Ventnor area ...	2.5	—	1.0	2.0	—	5.5
West Wight area ...	3.5	—	1.0	2.0	—	6.5
Supervisory ...	—	—	—	—	2.0	2.0
Specialists ...	—	—	—	2.0	—	2.0
Isle of Wight ...	22.0	9.0	7.0	18.0	2.0	58.0

## SECTION 23—MIDWIFERY

Miss M. G. Morris, Non-Medical Supervisor of Midwives submits the following report :—

### Ante-Natal Clinics

The Local Authority Ante-Natal Clinic in Sandown was discontinued in March. The General Practitioners agreed to use the premises provided at Lake Clinic, and the Midwives attend the Ante-Natal Clinics held by the General Practitioners. This arrangement has proved satisfactory.

In Freshwater the Local Authority Ante-Natal Clinic discontinued in August. The General Practitioners agreed to hold Ante-Natal Clinics with a Midwife attending. Five of these are held at the Doctors' surgeries and one at the Clinic in Princes Road. Arrangements for taking blood samples proved difficult—but with co-operation from the Pathologist and General Practitioners this will be rectified in January 1963. In Bembridge, the General Practitioners requested that the Midwife attend the Ante-Natal Clinic held monthly in the surgery ; this was arranged and commenced in January.

In December one of the Newport General Practitioners requested the presence of a Midwife at his Ante-Natal Clinic—this is held weekly at his surgery ; this was arranged.

The Midwifery Service for the remaining areas of the Island remains as before, co-operation with the General Practitioners and Hospital remaining high.

Mothercraft Classes continue to be well attended. They are held twice monthly in Newport, weekly in Ryde, twice monthly in Cowes, weekly in Sandown, and twice monthly in Ventnor. The Health Visitors and Midwives combine in giving these classes which are very much appreciated by the mothers.

### Domiciliary Midwifery Training

In June, Miss F. Goodall, Education Officer of the Central Midwives Board visited the Island. She was satisfied with the Training and Teaching of Pupil Midwives and considered the standard of midwifery very good. Miss Goodall advised that relief Teaching Midwives should be approved by the Central Midwives Board. In September, Mrs. K. Harrington, S.R.N., S.C.M. and Miss B. Waller, S.R.N., S.C.M. were approved as Midwives Teachers.

Fifteen Pupil Midwives completed their Midwifery training in 1962. During this period of training each pupil midwife spends three months with a domiciliary Midwife. Further instructions in ante-natal care, conduction of labour and care of mother and baby in the lying-in period is given ; emphasis being given to the social aspects of Midwifery and all services provided by the Local Authority. The Pupil Midwives attend Mothercraft Classes and Child Welfare Sessions.

Approved Midwife Teachers :—

Miss Q. Nobbs, S.R.N., S.C.M.  
Miss M. Treacy, S.C.M.  
Miss A. Thompson, S.R.N., S.C.M., Q.N.  
Mrs. K. Harrington, S.R.N., S.C.M.  
Miss B. Waller, S.R.N., S.C.M.

### **Refresher Courses. Rule G—Central Midwives Board Rules**

Five Midwives attended Refresher Courses :—

Miss S. Abbott, S.R.N., S.C.M., Q.N., Bristol.  
Miss B. Waller, S.R.N., S.C.M., Bristol.  
Mrs. D. Newman, S.R.N., S.C.M., Q.N., Exeter.  
Mrs. H. M. Maneth, S.R.N., S.C.M., Exeter.  
Miss E. G. Moat, S.R.N., S.C.M., Q.N., Cardiff.

The Midwives benefit from their compulsory attendance at these courses. They give encouragement and help to maintain a high standard of midwifery.

Number of Domiciliary Confinements	...	...	...	...	475
General Practitioners present	...	...	...	...	275
Ante-Natal Visits	...	...	...	...	9208
Number of Visits to Patients booked for Home Confinement	...	...	...	...	6612
Number of Visits to Patients booked for Hospital Confinement	...	...	...	...	2596
Number of Post-Natal Visits	...	...	...	...	9084
Visits to Ante-Natal Clinics :					
G.P.	...	...	...	...	779
L.A.	...	...	...	...	21

### **Supervision of Midwives**

The Deputy County Nursing Officer, who is the non-medical supervisor of midwives is responsible for supervising the work of midwives. Medical supervision is carried out by the County Medical Officer.

The number of midwives supervised during the year was 40 and, in addition, supervisory visits were paid to fifteen pupil midwives. The total number of visits was 80.

### **Midwives Practising in the area**

At the end of 1962, 40 midwives were practising in the area. Of these, 26 were domiciliary midwives employed by the Local Health Authority, 11 were employed by the Hospital Management Committee and 3 were in private practice.

### **Deliveries attended by Midwives, 1962**

473 domiciliary confinements were attended by County Council Midwives during 1962 ; a doctor was in attendance at 275 of these confinements.

Hospital Midwives attended 783 deliveries at St. Mary's Hospital and Midwives in private practice attended 10 deliveries in Nursing Homes.

### **Administration of Pethidine and Inhalational Analgesics by Midwives in Domiciliary Practice**

At the end of the year, 26 County Council Midwives and two Midwives in private practice, were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board.

Gas and Air was administered in 356 domiciliary cases and "Trilene" in 59 cases during 1962.

Pethidine was administered by Midwives in domiciliary practice in 263 cases during the year.



## **Maternity Outfits**

Standard maternity outfits continued to be available on application to domiciliary midwives.

## **SECTION 24—HEALTH VISITING**

The Health Visiting Service has continued to develop education in the prevention of both physical and mental illness. A greater proportion of time has been spent by the health visitors with the elderly with a view to helping them to prolong their independence by bringing statutory and voluntary services into use and preventing mental and physical deterioration due to malnutrition and isolation.

Although the home visiting of families with small children remains the most valuable aspect of the health visitor's work, with particular attention being paid to the early detection of defects, the more detailed direction of health visiting has led to a freer association between the public and the health visitors once the basic protective measures have been achieved. This gives the mother a greater feeling of independence and understanding, and is of value in fostering self-confidence and security in the home.

The after-care of patients discharged from hospital both from the children's ward and geriatric wards has continued to be an important and rewarding aspect of the health visitor's work, as it is at this time that support and assistance in organising everyday matters in the home is so much needed.

The Specialist Tuberculosis Visitor has continued to play an important part in the follow-up of patients discharged from the Chest Unit.

## **Health Education.**

The health visitors have all conducted discussion groups and classes on subjects related to health, mothercraft and the prevention of accidents, and have met 150 groups for this purpose during the year. Regular sessions of mothercraft classes remain popular in six areas on the Island where suitable clinic facilities are a great asset in carrying out this educational work.

Lectures to third year student nurses at the Royal Isle of Wight County Hospital on subjects related to social medicine have been given to two groups of nurses during the year, and practical experience has been arranged in the Health Department for each group of nurses.

The use of Local Authority Clinics by general practitioners for clinics and surgeries is also of educational benefit in creating an awareness among the public of the closer liaison between the preventive and family doctor services.

The Chief Fire Officer has made available, free of charge, literature on fire precautions in the home and accidents resulting from fire and, in addition, he has arranged numerous talks and demonstrations to various organisations, which have been well received. Applications for such talks and demonstrations appear to be increasing annually and the Chief Fire Officer reports that he is only too pleased to continue to provide this service as there is no doubt that the work of his Officers is having the desired effect on the attitude of the public to fire precautions.

## **Families in need of specialist health services.**

The work of the Specialist Health Visitor illustrates the trends of health visiting in the prevention of physical and mental handicap, and above all in the prevention of family disintegration.

Miss B. Perry reports as follows :—

New cases visited for the first time in 1962	...	...	...	...	36
Total number of families visited during the year	...	...	...	...	102
Present caseload	...	...	...	...	32
Under observation	...	...	...	...	18
Special Treatment Centre, follow-up visits	...	...	...	...	38 cases 69 visits

There has been increased co-operation this year with many of the General Practitioners.

Good liaison has been maintained with the Housing Departments, Public Health Inspectors, National Assistance Board and Probation Officers.

One Co-ordinating Committee Meeting and several smaller meetings have been held, particularly with regard to housing problems.

## **Co-operation with family doctors.**

Increasing opportunity for contact between health visitors and family doctors, either at clinics or by visiting doctors' premises, is paving the way towards more co-ordinated family care, and laying the foundation, in those practices which desire it, for future attachment of health visitors. Discussions on the intricate details and varying conditions in the different areas are proceeding and there will be further developments to report next year.

## **SECTION 25—HOME NURSING SERVICE**

### **General Nursing**

This service has continued to adjust itself to the needs of the community, and in accordance with modern trends in the national training of district nurses has developed ready co-operation with other agencies, both voluntary and statutory, working in a local authority area, particularly in the care of the elderly.

District Nurses are frequently in touch with the Old People's Welfare Association, W.V.S., British Red Cross Society, St. John Ambulance Brigade, Health Visitors, Home Helps and Welfare Officers, to obtain non-nursing assistance and visiting for elderly patients. District Nurses also make themselves responsible for the well-being of the patients in contacting relatives and obtaining the loan of nursing equipment, walking aids, etc., supervising diet, and taking an increasing interest in the prevention of illness among the elderly.

Owing to population trends, district nursing tends increasingly to be concerned with the nursing and rehabilitation of the elderly, and when the work of the district nurse is completed, information is transferred to the health visiting staff so that periodic visits can be paid by the health visitor, and the elderly person knows where to apply for assistance.



District Nurse Training

Miss V. Attrill, S.R.N., S.C.M., who joined the staff in June 1961 took the Queen's Institute training in January 1962, and obtained the National Certificate in April.

Marie Curie Memorial Fund

The Marie Curie Memorial Fund has continued to give assistance in providing comforts for patients suffering with cancer ; 14 patients received assistance.

IN-SERVICE TRAINING

During the year, arrangements were made for staff to attend various courses and lectures and regular staff meetings were held to discuss problems of mutual interest.

In February a weekend course on "Mental Health for Health Visitors and Social Welfare Officers" was held under the Chairmanship of Mr. J. A. Brazier, M.B.E., J.P., C.C., Chairman of the Mental Health Sub-Committee and eight weekly lectures were given during February and March on "Psychopathology" by Dr. Gordon Brown, Medical Superintendent of Whitecroft Hospital.

Monthly conferences between the Educational Psychologist and Health Visitors were instituted in March at the Child Guidance Clinic and these meetings, which have proved most valuable, continued throughout the year.

Nurses' staff meetings were held on five occasions when talks and discussions took place on the following subjects :—

- "The supervision of the practical training of Health Visitors."
- "The development and integration of Health Services."
- "Work in the field on the care of the elderly."
- "School Medical Records."
- "Infant Feeding."

Refresher courses were attended by Mrs. L. McKendry and Miss L. Bown under the auspices of the Queen's Institute of District Nursing, and Miss B. Perry and Mrs. N. Badwal attended a course organised by the Royal College of Nursing on "The Family and Mental Health."

Table XI. Analysis of visits paid by Health Visitors

Category Visited	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Expectant Mothers ..	380	391	1624	2249	1096	1235	1485	1260	1266	1156
Children under 1 ...	8317	8924	10050	9708	8855	10980	10928	13608	11197	10918
Children between 1 & 5	10216	10390	11349	12404	13672	13665	12814	15530	16476	14546
Other Cases ... ..	1435	1431	1832	2238	2590	4631	4821	4613	5096	3395
				(100)	(26)	(56)	(197)	(242)	(164)	(286)

The figures in brackets indicate "no access" visits.

**Table XII. Number of cases attended and visits paid by Home Nurses**

<i>Year</i>	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Cases attended	3772	4488	3951	3980	4410	3860	3778	3432	4056	3508	3198
Visits paid ...	73196	75981	79586	62308	70997	74596	65834	67432	65818	64278	65910

## SCETION 26—VACCINATION AND IMMUNISATION

### (i) Immunisation against Diphtheria

Table showing the number of children who, during 1962 :—

A—Completed a full course of primary immunisation.

B—Received a secondary (reinforcing) injection, i.e. after primary immunisation at an earlier age.

**Table XIII**

	<i>Under 1 Born 1962</i>	<i>1 to 4 1958-61</i>	<i>5 to 9 1953-57</i>	<i>10 to 14 1948-52</i>	<i>Under 15 Total</i>
A ... ..	448	605	64	25	1142
B ... ..	—	246	861	60	1167

### (ii) Immunisation against Whooping Cough

Table showing the number of children who completed a primary course (normally three injections) of pertussis vaccine (singly or in combination) during 1962.

**Table XIV**

<i>Under 1 Born 1962</i>	<i>1—4 1958—1961</i>	<i>5—9 1953—1957</i>	<i>10—14 1948—1952</i>	<i>Under 15 Total</i>
447	600	17	17	1081

### (iii) Vaccination against Smallpox

The following table shows the successful vaccinations carried out during the year.

**Table XV**

<i>Age at Date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 14</i>	<i>15 or over</i>	<i>Total</i>
Number vaccinated ...	280	522	393	1513	1574	4282
Number re-vaccinated ...	—	2	55	1043	2329	3429

The percentage of infants under one year vaccinated during 1962 was 22.7 per cent.

**Table XVI. Summary of Poliomyelitis Vaccinations during 1962**

				ORAL		SALK	
				Primary	Reinforcing	Primary	Reinforcing
Children born 1962	...	...		105	4	39	1
Children born 1961	...	...		247	112	363	373
Children and young persons born 1943-1960	...	...	...	96	906	94	631
Young persons born 1933-1942	...	...	...	30	54	79	149
Others	...	...	...	78	183	208	551
Totals				556	1259	783	1705

The Ministry of Health has circularised a list of immunisation and vaccination statistics for 1962 in respect of local health authorities in England and Wales.

**Table XVII. Percentages vaccinated in the Isle of Wight**

<i>Smallpox Under 2</i>	<i>Whooping Cough (Children born in 1961)</i>	<i>Poliomyelitis Under 20</i>	<i>Diphtheria</i>	
			<i>Children born in 1961</i>	<i>Age 0—14</i>
62	81	87	81	57

**Table XVIII. Comparative position of Isle of Wight to the 149 authorities listed**

<i>Smallpox Under 2</i>	<i>Whooping Cough (children born in 1961)</i>	<i>Poliomyelitis Under 20</i>	<i>Diphtheria</i>	
			<i>Children born in 1961</i>	<i>Age 0—14</i>
95	13	26	17	51

- Smallpox figures include children aged under 2 who were vaccinated during 1962. The percentages are based on the number of live births during 1961.
- Poliomyelitis figures include persons born in years 1943-1962 who have been immunised with either Salk or Oral vaccine at any time. The percentages are based on estimated population figures for persons aged under 20.
- Whooping Cough figures include all children born in 1961, who have been vaccinated at any time. The percentages are based on total live births during 1961.
- Diphtheria—the first column of Diphtheria figures includes all children born in 1961 who have been vaccinated at any time. The percentages are based on total live births during 1961. The second column of Diphtheria figures shows the percentage of children under 15 estimated to have been immunised at any time during the years 1955-1962.
- All percentages are approximate and are calculated from returns submitted by the local health authorities.

## SECTION 27—AMBULANCE SERVICE

I should like to express my appreciation to the Chief Fire Officer, Mr. R. F. Sullivan, M.B.E., for the operational control of the ambulance service, and to the Hospital Car Organisers, Miss E. D. Baker and Mrs. N. Freeman of the Women's Voluntary Service, for administering the Hospital Car Service on behalf of the County Council. Thanks are also due to the British Red Cross Society Detachments for their valuable assistance in providing escorts for mainland journeys, often at short notice.

Table XIX shows the use which has been made of the ambulance and hospital car services during the financial year 1962-63, and Table XX shows details of mileage and patients conveyed by these services since 1959.

**Table XIX. Ambulance and Hospital Car Statistics, 1962-63**

	<i>No. of vehicles at 31-3-63</i>	<i>No. of patients carried</i>	<i>No. of journeys</i>	<i>Total mileage</i>	<i>No. of journeys to main- land by Island ambul- ances</i>	<i>No. of journeys arranged through other author- ities</i>
Directly provided service (Ambulance) ... ..	7*	8800	4505	95838	72	84
Agency Service (Ambul- ance) ... ..	1	570	385	12226	9	—
Supplementary Services (Hospital cars) ...	28	49952	16378	223908	—	202
Supplementary Services (Hired cars) ... ..	—	75	65	1188	—	—

\*Including 1 Utlecon "sitting case" vehicle.

**Table XX. Usage of Ambulances and Hospital Cars since 1959**

<i>Year ending</i>	<i>Mileage</i>			<i>Patients conveyed</i>			<i>Number of patients carried per 1000 popula- tion</i>
	<i>Ambu- lances</i>	<i>Hospital Cars</i>	<i>Hired Cars</i>	<i>Ambu- lances</i>	<i>Hospital Cars</i>	<i>Hired Cars</i>	
March 1959	94020	202824	215	7500	35732	11	462
1960	91032	224127	786	7890	43007	48	504
1961	93671	233681	881	8494	48582	57	614
1962	102318	235937	600	8893	55368	39	696
1963	108064	223908	1188	9370	49952	75	637

Helicopters

The County Medical Officer authorised the use of helicopters from the Royal Air Force Southern Rescue Centre, Plymouth, to convey seriously ill patients to Regional Centres on the mainland on six occasions during the year. The details of the cases can be summarised as follows :—

<i>Sex</i>	<i>Diagnosis</i>	<i>Destination</i>
1. Female	Subarachnoid haemorrhage	Atkinson Morley Hospital
2. Male	Head injury	Atkinson Morley Hospital
3. Female	Fractured skull	Atkinson Morley Hospital
4. Female	Extracranial haemorrhage	Atkinson Morley Hospital
5. Female	Head injury	Great Ormond Street Hospital
6. Female	Head injury	Atkinson Morley Hospital (patient found too ill to travel—abortive journey).

SECTION 28—PREVENTION OF ILLNESS: CARE AND AFTER CARE

Tuberculosis

I should like to express my appreciation for the co-operation of the Chest Physician, Dr. E. F. Laidlaw. His help and advice have again been particularly valuable during the year not only in routine prevention and after-care, but also in the County scheme for safeguarding the health of pupils in schools.

Dr. Laidlaw has kindly prepared the following report on Tuberculosis in the Isle of Wight in 1962.

CHEST SERVICES

Dr. D. G. Sloan left the Island in January 1962, after working here for two years ; because of the reduction, actual and anticipated, in the work required on tuberculosis, no successor was appointed and all Chest Clinics and care of all in-patients have been in the hands of one Chest Physician.

Mass Radiography Survey 1962.

Dr. M. E. Moore, Director of Southampton Mass Radiography Unit has kindly supplied information on this (some of his figures are given elsewhere in the County Medical Officer's Report in Tables XXIV and XXV). The number of individuals examined was slightly higher than in 1960. The proportion of those attending for the first time was substantially lower, 40 per cent in 1960 and 28 per cent in 1962. If this were an indication that there is a dwindling population on the Island of those who have never attended the Survey, it would be welcome but, unfortunately, there is no reason to suppose that this is the case and it is a matter of experience that a very large proportion of persons referred to Chest Clinics because of actual or suspected chest disease, have never in fact had chest x-rays taken previously. It seems likely that there is a group of people who attend these Surveys regularly and another group who never attend.

Only three persons were considered to have tuberculosis requiring hospital treatment and only two of these were found to be probable sources of infection. A number of others (13) required close clinic supervision. These figures are substantially lower than in 1960 but it should be emphasised, as in previous years, that with a population as small as the Island, too much significance must not be attached to figures, and it is hoped that so far as future Surveys go, policy will be based upon the experience of the Region as a whole. Several other important conditions were also revealed, as is usually the case in these surveys.

Tuberculin Testing

The Tuberculin testing of school children in their fourteenth year has been carried out for a number of years and the incidence of Tuberculin positivity at that age remains at about 16 per cent or slightly higher. In 1961 for example 215 out of 1,213 tested were positive. These children, most of whom are not suffering from, and never will



suffer from, tuberculosis, have nevertheless been infected in some way by the time they reach that age, and a small proportion of them later will develop tuberculosis. Infection may have come from human sources or from infected milk. It is now more than five years since all tuberculous infection in Island cattle was eradicated and for those children who have been born and lived on the Island and are now, in their sixth year, entering schools, we can say with some conviction that they have not been infected as the result of drinking milk from tuberculous cattle. A scheme has therefore been started for Tuberculin testing these school entrants and although a complete year's work has not yet been done, and it is therefore premature to give figures, it seems likely that the incidence of Tuberculin positive reactions in such Island children is going to be no more than about 1 per cent. It will be of interest and importance to see if this cohort of children will, by the time they reach their fourteenth year, have been infected to the same extent as those at present of that age and it is hoped to follow these children through their school career, retesting them at intervals of three years, and in this way perhaps to learn more about the incidence of unknown sources of human infection.

*Notifications, etc.*

The number of newly notified cases was 17. This includes 3 patients discovered by Mass Radiography and is a substantial fall, compared with previous years. As in previous years the number admitted to hospital (39 men, and 20 women) did not show a comparable fall; a large proportion of them being old patients readmitted for further treatment or for treatment of complications. The number of patients found to be possible sources of infection while living at home was 11, compared with 18 in 1961.

E. F. LAIDLAW,  
*Chest Physician.*

**Table XXI. Tuberculosis Register 1962**

<i>Number of Patients</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>		<i>Grand Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
Cases on Register at the end of 1961 ... ..	427	317	85	100	512	417	929
<i>Cases added to Register :</i>							
Fresh cases arising on the Island	11	9	1	2	12	11	23
Cases removed from other areas	12	9	—	—	12	9	21
Total cases added to register during year ... ..	23	18	1	2	24	20	44
<i>Cases removed from Register :</i>							
Cases removed to other areas	14	8	1	3	15	11	26
Recovered ... ..	17	13	4	3	21	16	37
Died during 1962 ... ..	5	1	—	—	5	1	6
Died from other causes ...	7	—	—	1	7	1	8
Total removals during year ...	43	22	5	7	48	29	77
Cases on Register at the end of 1962 ... ..	407	313	81	95	488	408	896

**Table XXII. Analysis of new Island cases notified, and deaths from Tuberculosis, 1962**

<i>Age Periods</i>				<i>New Cases</i>				<i>Deaths</i>			
				<i>Respiratory System</i>		<i>Other Forms</i>		<i>Respiratory System</i>		<i>Other Forms</i>	
				<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
0—	...	...	...	—	—	—	—	—	—	—	—
1—	...	...	...	—	—	—	1	—	—	—	—
5—	...	...	...	—	—	—	—	—	—	—	—
10—	...	...	...	1	—	—	—	—	—	—	—
15—	...	...	...	2	3	—	—	—	—	—	—
20—	...	...	...	1	—	—	—	—	—	—	—
25—	...	...	...	1	1	1	—	—	—	—	—
35—	...	...	...	—	—	—	1	—	—	—	—
45—	...	...	...	2	2	—	—	2	—	—	—
55—	...	...	...	2	—	—	—	1	—	—	—
65 and upwards	...	...	...	2	3	—	—	2	1	—	—
Totals	...	...	...	11	9	1	2	5	1	—	—

**Table XXIII. Trend of new Island cases of Tuberculosis only, notified during the last 22 years**

<i>Years</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
1941 to 1945 inclusive	211	141	50	51	453
1946 to 1950 inclusive	177	127	53	58	415
1951 to 1955 inclusive	150	114	65	58	387
1956 to 1960 inclusive	142	75	17	24	258
1961 ... ..	19	8	—	1	28
1962 ... ..	11	9	1	2	23 } 51

**Mass Radiography**

Dr. M. E. Moore, Medical Director of the Mass Radiography Centre, reports as follows on the work of the Southampton Mass Radiography Unit in the County during the year:—

“For a period of 10 weeks during May, June and July the Unit carried out surveys of the larger industrial groups, the general public and Home Office establishments. A total of 37 sites was visited against 21 in 1960. 35 evening sessions were held against 26 in 1960.

Advanced publicity for this visit was carried out at the Island Industries Fair a few weeks before the survey commenced. The total number of persons x-rayed was 15,314 (8,667 males and 6,647 females). (14,471 in 1960).

The number of cases of significant pulmonary tuberculosis discovered was 37, giving an incidence of 2.42 per 1,000 (7.12 per 1,000 in 1960). For males, 2.88 per 1,000 (8.58 per 1,000 in 1960) and females, 1.81 (5.26 per 1,000 in 1960). Out of the 37 persons, 16 were referred as needing close clinic supervision or treatment, an incidence of 1.04 per 1,000 (2.49 per 1,000 in 1960). For males, 1.26 per 1,000 (3.22 per 1,000 in 1960) and females, 0.75 per 1,000 (1.67 per 1,000 in 1960).

Out of the total, 4,334 or 28.3 per cent had not been x-rayed previously. Amongst those never x-rayed, the incidence of significant pulmonary tuberculosis was 6.2 per 1,000 and amongst those previously x-rayed, 0.9 per 1,000.



The incidence in respect of persons requiring close clinic supervision or treatment is :-

General Public ... ..	13 persons ...	1.52 per 1,000.
Borstals, Prisons, etc. ...	3 persons ...	5.0 per 1,000.

So far, only 1 male and 1 female have produced a positive bacteriological examination for tubercle bacilli.

These figures for pulmonary tuberculosis show a marked reduction from the 1960 visit and reflect the national trend, but to a greater extent than expected. It is interesting to note that no person requiring close clinic supervision or treatment was found amongst the industrial groups, and one would hope that this reflects the benefit of regular radiographic examination of employed persons.

The problem of Mass Radiography is how to get persons to come for x-ray who have never been previously. This visit we got 28 per cent of first-timers against 40 per cent in 1960. We have the capacity to x-ray many more during the public sessions, and suggestions for the future from those receiving this report would be very welcome.

Amongst the non-tuberculous conditions, the findings were not significantly different from previously and the actual lower finding for lung cancer (4 cases against 7 cases in 1960) cannot be regarded as reflecting any real decrease, as the national figures continue to rise each year.

I should like to thank Dr. Machell and members of his staff for their very considerable help, both before and during the survey, and Dr. Laidlaw and his staff at the Newport Chest Clinic, for dealing with most of the referred patients, and letting me have the follow up information needed to produce this report."

#### Incidence of Disease

##### A.—Pulmonary Tuberculosis

									<i>Per 1000 examined</i>
	<i>Newly discovered cases</i>	...	...	...	...	...	...	37	
	Referred to Clinics or Hospitals and considered, on investigation, to require close Clinic supervision or treatment	...						16	1.04
	<i>Requiring occasional out-patient supervision only</i>	...	...	...	...	...	...	21	1.37
(i)	Non-infectious	...	...	...	...	...	...	11	0.72
(ii)	Infectious	...	...	...	...	...	...	2	0.13
(iii)	Not determined	...	...	...	...	...	...	3	0.20
(iv)	Recommended for domiciliary treatment	...	...	...	...	...	...	1	0.07
(v)	Recommended for hospital treatment	...	...	...	...	...	...	4	0.26

##### B—Other Conditions

(i)	Malignant neoplasms								
	(a) Primary carcinomas	...	...	...	...	...	...	4	0.26
	(b) others	...	...	...	...	...	...	2	0.13
(ii)	Non-malignant neoplasms	...	...	...	...	...	...	2	0.13
(iii)	Lymphadenopathious, excluding sarcoids	...	...	...	...	...	...	1	0.07
(iv)	Sarcoids, including enlarged hilar glands	...	...	...	...	...	...	3	0.20
(v)	Congenital cardiac abnormalities and abnormalities of the vascular system	...	...	...	...	...	...	3	0.20
(vi)	Acquired cardiac abnormalities and abnormalities of the vascular system	...	...	...	...	...	...	38	2.48
(vii)	Bacterial and virus infection of lung (including pneumonitis)	...	...	...	...	...	...	19	1.24
(viii)	Bronchiectasis	...	...	...	...	...	...	1	0.07
(ix)	Pulmonary fibrosis (non-tuberculous)	...	...	...	...	...	...	5	0.33
(x)	Abnormalities of the diaphragm and oesophagus (congenital and acquired)	...	...	...	...	...	...	8	0.52

**Table XXIV**

**Age and Sex analysis of cases of pulmonary tuberculosis requiring treatment**

	—15	15-24	25-34	35-44	45-59	60+
Males ...	—	1	3	5	8	8
Females ...	—	1	—	1	3	7

**Table XXV**  
**Group Analysis**

<i>Group</i>	<i>Number examined</i>	<i>Tuberculosis requiring treatment</i>	<i>Incidence per 1,000 examinees</i>
General public ... ..	8544	25	2.93
Industrial ... ..	5617	3	0.53
General practitioner referrals ...	3		
Mental hospitals ... ..	548	4	7.3
Contacts ... ..	1		
Home Office establishments ...	601	5	8.32

### **Chiropody**

No proposals for a Chiropody Service have so far been made by the Authority but, during 1962, a limited amount of Chiropody was again made available for old people through the Old People's Welfare Association with the co-operation of Island Chiropodists. In the light of information being collected from the Association and the Council's Nurses and Welfare Officers the Council will be able to decide how best future needs for Chiropody can be met.

Chiropody was provided for all residents in the Council's Guest Houses as necessary, each guest home being visited once or twice a month, according to need.

### **Smoking**

Anti-smoking propaganda has been concentrated specially on school children. The County Education Officer and Head Teachers have been consulted and agree with my view that risks to health through smoking are best incorporated within the general framework of health education in the schools, rather than that it should occupy a unique and separate place.

Arrangements have not so far been made for use of the mobile units from the Central Council for Health Education mainly because of cost, limited availability and our view that it should be incorporated later in the overall scheme. Methods used have, however, included the mass media, posters and pamphlets and talks or discussion groups. The B.B.C. tele-recording film "Facts and Figures" was booked for screening to Parent-Teacher Associations in a number of schools early in 1963.

As this report goes to print, investigations are proceeding into the possibility of arranging anti-smoking clinics in conjunction with the Chest Physician.

### **Venereal Disease**

Dr. H. L. Belcher, Consultant Venereologist, reports:—

"There has been a very slight fall in the total number of fresh cases seen in the Special Treatment Centre in 1962, confined entirely to cases of non-gonococcal urethritis, other conditions requiring treatment and conditions not requiring treatment, the latter mostly patients for reassurance. There was an increase in cases of primary syphilis from one to five. The original primary was an Italian waiter who arrived in the Island with a well established primary sore, and the cases which occurred in the Island were all contacts from this original case, three men and two women, and there

were two further male cases on the mainland, also contacts from our two female cases. I was, perhaps, very fortunate that having Miss Perry with me we were able to find four out of five female contacts of whom two were infected. There has also been a slight increase in gonorrhoea, both in males and females—hardly, I think, significant.

As I have already mentioned, the presence of a Health Visitor who can act as Almoner has been of the greatest assistance, as apart from the contacts mentioned above, most of our successful contact tracing in other conditions as well, has been through her. There is also an excellent liaison with most of the General Practitioners, and I have the highest number of cases sent by General Practitioners to the Clinic in Wessex.

It would appear from figures which have already reached me, that there has, in fact, been a slight fall in the cases of primary syphilis and of acute gonorrhoea, nationally."

## SECTION 29—HOME HELP SERVICE

Miss H. Rickard, Home Help Organiser, reports as follows :—

"The total number of cases dealt with during the year amounted to 560 compared with 563 during the previous year.

The number can be divided into the following categories :—

	<i>Total Cases</i>	<i>Cases included in previous column in which help began prior to 1962</i>
Chronic sick, including aged and infirm	488 (452)	309
Maternity, including expectant mothers	31 (60)	1
Tuberculosis ... ..	1 (1)	—
Other families ... ..	40 (50)	1
	<hr/> 560 (563) <hr/>	<hr/> 311 <hr/>

N.B.—Figures in brackets refer to previous year.

Comparing these figures with those of the previous year it will be observed that while the number of confinement cases tended to decrease again, there was an increase in the number of cases needing help under the category "Chronic sick including aged and infirm," i.e. 488 cases compared with 452.

In the Report of the Working Party on Social Workers, 1959, this change in the development of the Service was envisaged and whereas originally the main demand for home helps was for maternity cases, the percentage of time devoted to the elderly, problem families, and acute sick will tend to increase year by year.

As many confinement cases make their own private arrangements it is possible to concentrate more on the ageing population, to keep old people in their own homes as so many desire to do, and avoid or postpone admission to hospital or to Part III Accommodation.

This service to the community is very worth while and appreciated by the elderly and acute sick in times of emergency and is a service which will inevitably continue to increase with an ageing population.

In my visits during the year to the householders I have found that the service has been very much appreciated and many elderly people, especially those living alone, who are often lonely, eagerly await the arrival of the Home Help, not only to carry out domestic duties but also because their visits raise their morale.

Fifty-five home helps were employed at the end of the year, 30 full-time and 25 part-time.

In four emergency cases it was possible to find a Night Sitter-in for a limited period which greatly eased the burden of the relatives.

Many home helps take a keen interest in the elderly to whom they pay further visits in their own time, carrying out voluntary services such as making cakes for the patient. In two instances husbands of home helps have assisted by doing gardening.

Table XXVI shows particulars of the monthly case load.

**Table XXVI**

**Home Help Service—Monthly Case Load, 1962**

(Figures for 1961 in Brackets)

<i>Month</i>	<i>Number of cases served</i>	<i>Contributions required in full</i>	<i>Part Contributions required</i>	<i>No Contribution required</i>
January ...	307 (325)	20 (14)	258 (289)	29 (22)
February ...	300 (325)	21 (14)	249 (287)	30 (24)
March ...	298 (317)	20 (14)	248 (281)	30 (22)
April ...	296 (310)	22 (19)	241 (269)	30 (22)
May ...	296 (321)	22 (23)	241 (276)	30 (22)
June ...	319 (329)	24 (21)	266 (286)	29 (22)
July ...	322 (336)	21 (22)	271 (293)	30 (21)
August ...	316 (312)	20 (16)	266 (277)	30 (19)
September ...	309 (316)	22 (20)	258 (276)	29 (20)
October ...	306 (326)	20 (17)	257 (289)	29 (20)
November ...	298 (323)	22 (19)	247 (283)	29 (21)
December ...	293 (306)	21 (18)	242 (269)	30 (19)

**INFECTIOUS DISEASES**

The overall number of notifiable infectious diseases during the year was low, but this good record was offset by a large number of non-notifiable diseases, principally chickenpox and german measles. Chickenpox and vaccinia had to be borne in mind in the differential diagnosis of smallpox, at the time of the outbreak on the mainland during the early months of the year. Several persons removing to the Island from the areas of Bradford and South Wales were kept under surveillance during January and February as possible smallpox contacts. One patient was admitted to the Ashcy Smallpox Hospital for observation during this period. This was later diagnosed as erythema.

During the Spring and early Summer a prevalent disease, again non-notifiable, was a non-specific gastro-enteritis which, self-limiting, affected all age groups.

In July, a nationally distributed wrapped food product grossly contaminated with staphylococcus albus was responsible for the majority of the food poisoning cases notified, which occurred at a holiday camp, a hotel, a Scout camp and among a few households.

In November an isolated case of typhoid fever occurred in a 12 year old boy who was admitted to hospital, treated and discharged home free from infection and the carrier state. A full investigation failed to elicit the source of the infection.

Deaths from infectious diseases during 1962 were as follows :—

Influenza ...	5
Gastro enteritis and diarrhoea ...	8
Pulmonary tuberculosis ...	6
Pncumonia ...	59
Other respiratory diseases ...	14

**Table XXVII. Notifications made to Medical Officers of Health during the year ended 31st December, 1962**

	<i>Isle of Wight Rural Dis.</i>	<i>Cowes</i>	<i>New- port</i>	<i>Ryde</i>	<i>San- down Shank- lin</i>	<i>Vent- nor</i>	<i>Totals</i>
Scarlet Fever ...	4	—	3	1	1	1	10
Pneumonia ...	1	1	—	2	1	—	5
Erysipelas ...	—	—	2	—	—	—	2
Typhoid Fever ...	—	—	—	—	—	1	1
Measles ...	14	5	29	103	15	—	166
Whooping Cough ...	8	—	—	1	—	—	9
Dysentery ...	—	1	—	—	—	—	1
Meningococcal Infection ...	1	—	1	—	—	—	2
Food Poisoning ...	—	—	71	1	17	4	93
*Pulmonary Tuberculosis ...	6	4	15	11	4	1	41
Other forms of Tuberculosis	1	1	—	1	—	—	3
Totals ...	35	12	121	120	38	7	333

\*N.B.—These figures include notifications of 21 pulmonary cases which have come to reside in the Island.

**Table XXVIII. Notifications of certain infectious diseases received for the ten years, 1953-1962**

<i>Disease</i>	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Smallpox ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	79	62	55	33	29	22	52	66	43	10
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	—	—	—	—	—	1	—	—	—	1
Paratyphoid Fever ...	—	—	—	—	1	1	2	—	—	—
Pneumonia ...	39	13	22	21	9	10	35	5	3	5
Puerperal Pyrexia ...	7	6	6	—	2	4	—	1	—	—
Meningococcal Infection ...	2	1	—	1	1	—	1	3	1	2
Acute Poliomyelitis and Polio Encephalitis ...	5	9	11	17	5	—	—	—	—	—
Acute Encephalitis Infective ...	2	—	—	—	—	—	—	—	2	—
Ditto, Post Infectious ...	—	2	—	—	—	—	—	1	—	—
Erysipelas ...	9	8	6	10	8	1	12	8	6	2
Ophthalmia Neonatorum ...	—	—	—	1	—	1	—	1	1	—
Measles ...	2946	277	984	568	737	1498	681	53	1910	166
Whooping Cough ...	446	157	180	70	36	109	123	35	162	9
Dysentery ...	1	6	2	9	1	19	51	8	2	1
Malaria ...	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	13	4	34	7	30	95	51	5	52	93
*Tuberculosis Pulmonary ...	74	107	76	76	93	63	66	84	49	41
*Tuberculosis Non-Pulmonary	29	22	17	11	8	10	14	4	2	3
Totals ...	3652	674	1393	824	960	1834	1088	274	2233	333

\*Includes transfers from mainland areas.



## REGISTRATION OF NURSING HOMES

### Public Health Act, 1936, Sections 187 and 195

During 1962 one new home was registered, three were closed and eleven were on the register on the 31st December, 1962. Of these, three were for maternity cases, three for medical cases only, one for maternity and medical and four for convalescent cases only.

Forty-four visits of inspection to the registered homes were made by Nursing and Medical Officers during the year.

## FOOD AND DRUGS ACT, 1955

### INSPECTION AND SUPERVISION OF FOOD

Sampling duties are undertaken by the staff of the Weights and Measures Department of the Council and I am grateful to Mr. G. Holden, Chief Inspector of Weights and Measures, for the following report on sampling undertaken during the year 1962-63.

**Table XXIX. Food and Drugs results of analysis of samples submitted for examination during the year ended 31st March, 1963**

<i>Article sampled</i>	<i>Number obtained</i>	<i>Number unsatisfactory as to</i>	
		<i>Composition</i>	<i>Labelling</i>
Milk ... ..	162	12	—
Milk (Channel Island) ... ..	4	1	—
Almond Paste and Marzipan ... ..	3	—	2
Cheese and Cheese Products ... ..	3	—	—
Coffee ... ..	3	—	1
Cream and Cream Products ... ..	4	1	—
Drugs and Medicines ... ..	7	1	—
Fruit (Canned) ... ..	1	—	1
Fruit Juice ... ..	2	—	1
Flour and Flour Confectionery ... ..	4	—	—
Ice Cream ... ..	14	—	1
Ice Lollies ... ..	1	—	—
Meat and Meat Products ... ..	31	5	5
Preserves ... ..	9	1	1
Soft Drinks ... ..	12	—	—
Soup ... ..	4	—	—
Sugar Confectionery ... ..	2	—	—
Table Jellies ... ..	2	—	—
Christmas Puddings ... ..	1	—	1
Miscellaneous ... ..	13	—	—
Totals ... ..	282	21	13

Milk

Details of the results of samples of milk taken under arrangements made by Mr. Holden are as follows.

Table XXX. Number of samples collected and results of examination

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Pasteurised ... ..	198	Phosphatase ...	198	—	—
		Methylene Blue	198	—	—
Tuberculin Tested (Raw)	322	Methylene Blue	261	61	—
Tuberculin Tested (Raw)	420	T.B. Biological ...	405	—	15
		Brucellosis ...	398	7	15

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948

No new applications for registration of premises were received during the year.

Quarterly visits of inspection were made by Medical Officers to the two Nurseries registered and, on each occasion, conditions were found to be satisfactory.

MEDICAL EXAMINATIONS

Examinations carried out by the Medical Staff during the year can be summarised as follows:—

1) Children in Care

(a) Boarded-Out Children

These children are examined six-monthly until two years of age and then annually, being seen whenever possible in the foster homes.

(b) Children in Council Homes

These children are seen on admission by Local Medical Practitioners and then annually by the Council's Medical Officers.

2) Local Authority Staff

(a) Superannuation medical examinations

Number examined	...	...	...	...	...	...	...	...	...	111
Accepted	...	...	...	...	...	...	...	...	...	111
Failed	...	...	...	...	...	...	...	...	...	—

(3) Medical Examination of Teachers

(a) Entrants to Training Colleges	...	...	...	...	...	...	...	...	...	55
(b) Entrants to employment as teachers by Isle of Wight Education Committee	...	...	...	...	...	...	...	...	...	14

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## **MENTAL HEALTH SERVICES**

### **Administration**

In view of the increasing need for local health authorities to make their services more widely known, I am setting out once again the administrative basis for the work of the Mental Health Section.

The Council's Mental Health Services are administered by the Mental Health Sub-Committee of the Health and Welfare Committee which, during 1962, was composed of thirteen members of the Council together with three co-opted members.

The day-to-day administration of the Mental Health Services is under the general direction of the County Medical Officer, assisted by the Deputy County Medical Officer, the Mental Health Adviser, four Mental Welfare Officers (one of whom is designated Senior Mental Welfare Officer and is responsible for the general co-ordination of their work), the Supervisor and staff of the Training Centre and the clerical staff of the Welfare Section. The Mental Welfare Officers are also employed as Social Welfare Officers, and about 60 per cent of their time is devoted to their duties in that capacity ; the remainder of their time is spent on matters relating to mental welfare, such as the visiting of mentally subnormal persons living in the community, arranging for the admission of certain patients to psychiatric hospitals and making suitable arrangements for the safety of any movable property they may possess, and the visiting of patients requiring after care on discharge from psychiatric hospitals.

As mentioned earlier in my report, a sad note has been struck this year by the death of Dr. C. Davies-Jones, on whose experience and expert advice on matters relating to mental health the Council had relied for the past fifteen years. His place as Mental Health Adviser has been taken by Dr. G. Gordon Brown, Medical Superintendent of Whitecroft Psychiatric Hospital.

### **Staff Training**

In-service training of the Mental Welfare Officers has continued, including attendance by two of these officers at a series of lectures given at Whitecroft Psychiatric Hospital, at which several of the Health Visitors also attended. The co-operation of Dr. Gordon Brown in this respect has been greatly appreciated.

On the 23rd and 24th February a Weekend Course on Mental Health was held at the County Hall, for Health Visitors and Mental Welfare Officers.

During the year, arrangements were made, in conjunction with the Education Committee for a Trainee Assistant at the Training Centre to attend the Diploma Course for Teachers of the Mentally Handicapped held under the auspices of the National Association for Mental Health. This course commenced in September and is due to terminate in July, 1963.

## Development of Mental Health Services during 1962

The Mental Health Services provided by the Council have always been kept under continuous review but the drawing-up of the Ten-Year Plan, already referred to in this report, has brought our proposals for the immediate future much more into perspective in relation to the long-term plans. The Royal Commission on the Law relating to Mental Illness and Mental Deficiency, 1954-57, whilst recognising that the application of the principles they recommend would have to be gradual in many areas, suggested the following distinction between the functions of the hospitals and the local authorities :—

“The Hospitals should provide in-patient and out-patient services for patients who need specialist medical treatment or training or continual nursing attention. The aim of hospital treatment or training is to make the patient fit to return to life in the general community. Patients should not be retained as hospital in-patients when they have reached the stage at which they could return home if they had reasonably good homes to go to. At that stage the provision of residential care becomes the responsibility of the local authority.”

It is therefore envisaged that depending on the rate at which the shift towards community care and away from prolonged hospitalisation for certain types of patient progresses, the following premises may be required in the next ten years :—

- Two Homes (30 places each) for elderly people with a mild degree of mental disorder. It is proposed that these two Homes shall form an integral part of the Council's overall schemes for residential accommodation for the elderly.
- Two Training Centres (one for 40 juniors and one for 60 adults) to replace the present Centre which provides for both juniors and adults and is housed in unsuitable premises.
- Two Hostels for subnormal persons (20-25 places each), one for juniors and one for adults. The Hostel for subnormal juniors could provide accommodation during the term time of the Training Centre for those pupils who would derive more benefit from residential care combined with daily attendance at the Centre. The Hostel could also provide short-term care during holidays for day pupils whose parents would benefit by a rest from the stress of giving constant care and supervision, and also for all-the-year-round residence for young subnormal children who, in the past, because of the unavailability of adequate care at home, would have been admitted to mental hospitals. The Hostel for subnormal adults could be used for those adults able to attend the Adult Training Centre and requiring residential care other than that which the Hospital Plan proposes for the future.
- Two Hostels for quiescent long-term adult psychiatric patients (20 places each), to cater in conjunction with Whitecroft Psychiatric Hospital for patients no longer requiring in-patient treatment but unable to return to their own homes.
- One Hostel (8-10 places) for certain adults suffering from maladjustment, or from neurotic or psychopathic conditions—to cater in conjunction with Whitecroft Psychiatric Hospital for the short term residential care of certain adults either not requiring in-patient treatment or being ready after a period of treatment to undergo rehabilitation to community life by way of a period in local authority accommodation.

Plans are already well under way for the Junior Training Centre, and it is hoped that the premises will be ready for occupation in 1964. The Ten Year Plan envisages an Adult Training Centre to be provided during the year 1965-66. The provision of homes and hostels for mental health purposes, featured in a later stage of the Plan, will be reviewed annually and considered in the light of national experience of this type of accommodation and of the progress of the Hospital Ten Year Plan.

### Co-ordination with the Hospital Service and General Practitioners

During the year under review, five members of the County Council were also members of the Isle of Wight Group Hospital Management Committee and one or more of these members served on the Whitecroft Hospital, Longford Hospital and St. Mary's Hospital House Committees. In addition, the County Medical Officer is a member of the Whitecroft Hospital and Longford Hospital House Committees and also attends meetings of the St. Mary's Hospital House Committee by invitation for psychiatric items. This arrangement has greatly facilitated close liaison with the hospital authorities and there is also a very good working relationship between this authority's mental welfare staff and the staff of the hospitals concerned.

I am indebted to Dr. Gordon Brown, Medical Superintendent of Whitecroft Hospital, for kindly submitting the following comment for inclusion in my report:—

"There were 437 patients in residence at Whitecroft Hospital on 31st December, 1962, under the following categories:—

			Male	Female	Totals
Informal	...	...	130	262	392
Compulsory	...	...	13	32	45
			<u>143</u>	<u>294</u>	<u>437</u>

During the year there were 352 admissions. There was a total of 1,747 out-patients attendances, 403 of which were new cases.

I am glad to say that there is a great deal of co-ordination between the local authority and the hospital authorities in the field of mental health. Local Health Officers have attended a course of refresher lectures at this hospital and some in turn, have given talks to the students in the Training School. The downward trend in admissions to psychiatric hospitals which had been forecast has not, so far, occurred and the numbers remain roughly on the same level.

Many problems relating to the Mental Health Act of 1959 are unsolved and the future trend is only likely to be seen in the light of what will happen regarding them. The one thing that appears clear is that there should be no hard and fast rule in applying this Act—what may be advisable for one part of the country, perhaps with a large psychiatric hospital in an isolated position, may not be the best policy for our own area. I think we should move with extreme caution in case the service we have built up with so much care and effort is now broken down into smaller and less efficient units with the idea that this is being progressive and is for the benefit of the patients."

There is also very close co-operation between the general medical practitioners and all members of the mental welfare staff.

### Account of work undertaken in the community

(a) *Patients suffering from mental illness.*

(i) *Investigation with a view to admission to a psychiatric hospital.*

The Mental Welfare Officers, who carry out the statutory requirements of the Mental Health Act, 1959, dealt with 126 patients suffering from mental illness in 1962. The numbers dealt with in the preceding

eight years are shown in the following table (prior to the coming into force of the Mental Health Act in November, 1960, these figures relate to action taken under the Lunacy and Mental Treatment Acts, 1890-1930) :

**Table XXXI**

Year	...	...	1954	1955	1956	1957	1958	1959	1960	1961	1962
Cases	...	...	86	88	93	151	123	117	117	133	126

Of the 126 patients referred to, 14 were found not to be in need of hospital care and were given such advice and assistance as was necessary. The remaining 112 patients were admitted to hospital as indicated :—

Informal admission	...	...	...	...	...	...	...	17
Section 25 of the Mental Health Act (admission for 28 days' observation)	...	...	...	...	...	...	...	2*
Section 26 of the Mental Health Act (admission for treatment)								2
Section 29 of the Mental Health Act (emergency admission for three days' observation)	...	...	...	...	...	...	...	91†

\*One of these patients was subsequently discharged and the other remained in hospital as an informal patient.

†Twenty of these patients became informal patients at the expiration of the three days' observation, one was discharged, six were dealt with under Section 26 of the Act, one absconded, two died and 61 were subsequently dealt with under Section 25 (of whom 49 later became informal patients, one was dealt with under Section 26, and eleven were discharged at the end of the period of observation).

(ii) *After-care.*

Four cases were referred during the year for after-care on discharge from a psychiatric hospital (two men and two women), and the Mental Welfare Officers keep in regular contact with these patients.

(b) *Patients suffering from mental subnormality.*

(i) *Ascertainment.*

Eleven cases were added to the register in 1962. Of these, seven were reported informally by the Education Committee as needing help and guidance after leaving school and four were reported from other sources, including one transferred from the mainland. The following tables give details of cases reported during 1962 :—

**Table XXXII**

		Male		Female	
		Under 16	Over 16	Under 16	Over 16
<i>Referred by—</i>					
Local Education Authority	...	2	1	2	2
Local Health Department	...	—	1	1	1
Other Local Authorities	...	—	—	—	1
Totals	...	2	2	3	4



In connection with these 11 cases, action was taken as follows :

**Table XXXIII**

	<i>Male</i>		<i>Female</i>	
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>
Admitted to Residential Home	—	—	—	1
Arrangements made for home visits ... ..	2	2	2	2
Arrangements made for home visits in addition to attendance at the Training Centre ...	—	—	1	1
Totals ...	2	2	3	4

(ii) *Guardianship and Supervision.*

The total number of cases supervised by this authority on 31st December, 1962 was 216 and can be summarised as follows :—

**Table XXXIV**

	<i>Male</i>		<i>Female</i>	
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>
Receiving Home Visits ... ..	14	86	15	94
Guardianship ... ..	—	1	—	6
Totals ...	14	87	15	100

No new patients have been placed under guardianship during the year and, at the end of 1962, the number under guardianship remained at seven. The Mental Welfare Officers maintain regular contact with these patients, and they are also visited at least once a year by a Medical Officer. Assistance and advice is, therefore, always readily available on matters affecting their welfare. One patient under guardianship has been in residential employment throughout the year and three have been attending the Training Centre.

In the case of the 209 patients shown as receiving home visits, the frequency of these visits depends on individual circumstances but, here again, help and advice is always readily available if needed.

In addition to the patients mentioned above, there were seven patients residing on the Island during 1962 who were the responsibility of mainland authorities and supervised by us on behalf of those authorities.

(iii) *Admission of Patients to Hospital.*

During the year, arrangements were made for the admission of three subnormal patients (two male and one female) to Whitecroft Hospital, one of the male patients being admitted as a temporary measure whilst his mother underwent a period of hospital treatment. In addition, two male patients were admitted to St. Mary's Hospital, Newport, one being a temporary admission, whilst his mother was in hospital ; with the



co-operation of Dr. Gordon Brown arrangements were later made for this patient to attend St. Mary's Hospital one day a week to give his mother a regular break from the responsibility of caring for him. One small boy was admitted to the Catherine Bowen Home, Havenstreet, for a fortnight, so that his parents could have a short holiday.

*(iv) Training Centre.*

On Saturday the 28th April, the Minister of Health visited the Island and, in the course of his visit, was conducted round the Training Centre. He was received by the Chairman and Vice-Chairman of the Mental Health Sub-Committee and introduced to the Supervisor, Miss Pickering, her staff, and various Officers of the Health Department. After the inspection of the Centre, an informal discussion took place with the Minister of future trends relating to mental health on the Island.

Miss Pickering and her staff must be complimented for the excellent work done at the Training Centre, which makes such a valuable contribution to the facilities provided for the mentally subnormal, helping them to cope with everyday life in the community.

*(a) Juniors — Under 16.*

All suitable children between the ages of 5 and 16 years who are known to us are attending the Training Centre unless we are satisfied that they are receiving adequate training elsewhere, bearing in mind their particular limitations.

On the 31st December, 1962, there were 15 pupils on the register of the Junior Centre, which now has a nursery class. This class, instituted in 1961, has proved a most useful addition to the services offered at the Training Centre and has enabled us to relieve a number of families of the strain of coping with very young and troublesome children who are mentally disordered. In some instances too, the training given to these children at the Centre has resulted in an improvement in their general behaviour, thus further reducing the strain on their families.

The subjects taught at the Junior Centre are reading, writing, elementary arithmetic, drawing and painting, plasticine modelling, etc. Attention is also given to physical training, dancing, miming, singing, etc., and the services of a part-time pianist are engaged in connection with these activities. There is also a flourishing percussion band.

*(b) Adults—16 and over.*

On the 31st December, 1962, there were 21 pupils on the register of the Senior Centre.

In addition to the subjects taught as in the Junior Centre, attention is also given to subjects of a practical nature likely to fit the older pupils to take their place in the community. For example, the senior boys are taught woodwork and concrete making and the senior girls learn sewing, washing, ironing, dusting, table-laying and a number of other domestic subjects. Both girls and boys learn weaving and rug-making.

*(c) General.*

Transport facilities are provided for the pupils whenever necessary and the other services provided are on similar lines to those in ordinary schools, for example, regular medical inspection, dental treatment, meals and milk.

The pupils were taken on an outing to Wisley and Kew Gardens on 28th June. They greatly enjoyed their day out and the arrangements all went very smoothly. On 5th December a sale of work done by the children was held at the Training Centre and realised over £60. The annual Christmas party was held on 18th December, with its usual degree of success, and the guests included the Chairman and several members of the Health Committee; presents were distributed to the children and the entertainments included a puppet show. During the course of the Christmas Party, the Women's Electrical Association kindly presented to the Chairman an electric clock for use at the Training Centre.

## **NATIONAL ASSISTANCE ACT, 1948**

### **Administration**

The County Council have delegated to the Health Committee their statutory functions under the National Assistance Act, 1948. The County Medical Officer, who is also County Welfare Officer, is responsible for the day to day administration, in which he is assisted by the Senior Social Welfare Officer and four Social Welfare Officers, the clerical staff of the Welfare Section and the Hostesses and staff of the five Council Guest Houses. The team of Social Welfare Officers was strengthened during the year by the addition of a lady welfare officer with previous experience as a geriatric health visitor. The Isle of Wight Society for the Blind are the Council's agents for the welfare of the blind, and the Hampshire, Isle of Wight and Channel Islands Association for the Deaf are the agents for the deaf and hard of hearing.

Periodical staff meetings are held by the Welfare Officers and, in addition, they pay numerous visits to all classes of handicapped elderly people. The Welfare Officers also give talks on various aspects of welfare to various organisations.

### **Development of Welfare Services**

In the overall scheme for the welfare of the elderly, as set out in the Ten Year Plan, it is envisaged that within the next ten years three additional Homes for the elderly may be necessary—one 40-bedded Home for normal elderly persons needing care and attention within the provisions of Section 21 of the National Assistance Act, 1948, and two 30-bedded Homes for elderly persons with a mild degree of mental disorder, to which reference has already been made. These are intended to accommodate old persons falling within this category, not requiring hospital in-patient treatment, admitted either direct from their own homes, special district housing or Part III accommodation, or discharged from Whitecroft Hospital.

As the demand for ground floor accommodation is already becoming difficult to meet and this problem is expected to grow more serious as the proportion of elderly persons increases, the provision of lifts at Polars Guest House, Newport, and Osborne Cottage, East Cowes, is included in the plan. A covered way to link St. Lawrence Dene and Underwath at St. Lawrence, and to give protection to residents moving between the two places in bad weather is contemplated and it is considered that this should be given high priority.

The services for the welfare of the blind and partially sighted, the deaf and hard of hearing, and the physically handicapped are expected to develop in the next ten years and the scope for voluntary service will increase as the Council's services develop.

### **Visit of Minister of Health**

During the course of his visit to the Island on the 28th April, the Minister made a call at Polars Old Peoples' Guest House and the Blind Home, Newport. He was received by the Chairman and Vice-Chairman of the Health and Welfare Committee and introduced to members of that Committee, to officials of the Isle of Wight Society for the Blind and to the Hostess of the Guest House.

The Minister made an extensive tour of the two Homes and spoke to many of the residents. This was followed by a brief informal discussion on the development of the Island's welfare services.

### **Welfare Services for the Aged**

#### *General Social Welfare*

The close liaison between Dr. W. A. Penman, Consultant in Geriatrics, appointed by the Regional Hospital Board, and Officers of the Health and Welfare Department has been maintained during the year and prompt admission to hospital continues to be arranged for any resident in the Council's Old People's Guest Houses in need of hospital treatment.

Great interest continues to be shown in the elderly people in the Council's Guest Houses by local residents and voluntary organisations, and a number of social activities and entertainments have been arranged by these kind friends during the year. These have included such things as coach outings, tea parties, visits from local choirs, film shows and invitations to the homes of people living in the vicinity. These social contacts play a very important part in the lives of the residents in our Guest Houses, who might otherwise feel somewhat cut off from the life of the general community.

#### *Chiropody*

The Council provide chiropody for all residents in the Guest Houses who are in need of such treatment, arrangements being made for a chiropodist to visit the Guest Houses once or twice a month, according to the need.

#### *Isle of Wight Old People's Welfare Association*

The Association has continued its excellent work of providing services complementary to those of the welfare officers, which do much to improve the lot of elderly people living in their own homes.

Examples of such personal services are assistance with minor repairs to homes and help with redecorations and house cleaning ; transport to hospitals, clinics, and various social functions ; gifts of fuel, warm clothing, etc. during severe weather ; assistance with shopping, changing library books, reading to the blind and writing letters ; and a host of other small services which all contribute to ease the burden of the elderly person suffering from the physical infirmities of old age. In Newport and Ryde, chiropody is provided at reduced rates as required.

### *“Meals on Wheels” Service*

It has been found possible, during the year, to increase the delivery of meals under this scheme to twice a week in Newport and Ryde ; in Shanklin, meals have been provided twice a week during the winter months, but delivery is reduced to once a week during the summer months owing to lack of transport. The day to day administration of the service is in the hands of the Women's Voluntary Service, who carry out the scheme on behalf of the Council. The number of persons supplied with hot meals in each area was approximately as follows :—

Newport 17 (11 twice a week, 6 once a week).

Ryde 16 (11 twice a week, 2 once a week).

Shanklin 15 (During winter, 13 twice a week, 2 once a week ;  
During summer, 15 once a week).

## **National Assistance Act, 1948**

### *Part III—Section 21*

The accommodation provided under this section in the Isle of Wight at 31st December, 1962, can be summarised as follows :—

Directly by the County Council :

1. Polars, Newport—For 30 elderly persons.
2. Blind Home, Newport—For 26 elderly blind persons.
3. St. Lawrence Dene, Ventnor—For 51 elderly persons.
4. Osborne Cottage, East Cowes—For 38 elderly persons.
5. Elmdon, Shanklin—For 28 elderly persons.
6. Inver House, Bembridge—For 35 elderly persons.

The increased accommodation at Inver House, Bembridge (which in 1961 provided accommodation for only 18 persons) has been made available by the erection of a new annexe, which was officially opened on the 9th May, 1962, by Mrs. S. C. Selwyn.

By agreement with the Isle of Wight Group Hospital Management Committee, 12 beds (all female) at St. Mary's Hospital, Newport, were made available for the accommodation of elderly persons during the first four months of the year, but these beds were relinquished on the 1st May, when the new annexe at Inver House was ready for occupation. From this date, therefore, the Isle of Wight ceased to accommodate residents of any kind in former Poor Law Institution premises.

### *Temporary Accommodation*

Temporary accommodation is also made available in the County Council Guest Houses for people who have been rendered homeless as a result of fire, flooding, or other unforeseen circumstances. During the period under review it was not necessary to provide any such accommodation for the purpose in question, although one family, who were evicted from their home and travelled to London in the hope of staying with relatives there, had to be admitted to temporary accommodation provided by the London County Council, the Isle of Wight County Council accepting financial responsibility for their maintenance.



Section 26

The authority also maintains 20 aged persons in accommodation provided by voluntary organisations, viz. :—

W.V.S. Residential Club, "The Briars," Sandown	...	...	...	8
Church Army Home for Aged Men, Newport	...	...	...	11
Southern Railway Home, Woking	...	...	...	1
				<hr/> 20 <hr/>

Special Housing for Old People

Work had commenced by the end of the year on a project for 18 units of special housing in the grounds of Polars, to be erected by Newport Borough Council with a grant for welfare facilities from the County Council. The progress of this scheme and developments in this type of housing in other parts of the Island will be referred to in future Annual Reports.

WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS

Blind

I am indebted to Mrs. N. B. Taylor, Secretary of the Isle of Wight Society for the Blind, for much of the following information.

Registration

The number of registered blind persons on 31st December, 1962, was 252 (99 males and 153 females) compared with 243 (95 males and 148 females) on 31st December, 1961. During the year, 36 new cases were registered (12 males and 24 females) ; in addition, one case (male) was re-certified and five cases were transferred to the Island. During the same period 30 cases (9 males and 21 females) died and three cases were transferred to the mainland. The ages of the blind population are shown in the following table :—

Table XXXV

0—1 year		2—4 years		5—15 years		16—20 years		21—39 years		40—49 years		50—64 years		65 years and over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	2	4	1	—	9	4	9	4	16	16	62	125

The following table shows the diagnosis of cases registered, those recommended for treatment, and the number taking advantage of treatment :



**Table XXXVI**

		<i>Cause of Disability</i>			
		<i>Cataract</i>	<i>Glaucoma</i>	<i>Diabetes</i>	<i>Others</i>
(1)	Number of cases registered of which Section F of Form B.D.8 recommends—				
	(i) No treatment ... ..	1	3	1	19
	(ii) Medical, surgical or optical treatment ... ..	10		2	1
(2)	Number of cases in (1) (ii) above which on follow-up have received treatment ...	1			1

### *Employment*

At the end of the year, 17 blind persons (14 male and 3 female) were usefully employed and details of the employment were as follows :—

#### Open Industry or Self-Employed :—

Clerks and typists	...	...	...	...	1 female
Tea agents and shopkeepers	...	...	...	...	4 male
Gardeners	...	...	...	...	1 male
Masseurs	...	...	...	...	1 male
Ministers of religion	...	...	...	...	1 male
Piano tuners	...	...	...	...	1 male
Storekeepers	...	...	...	...	1 male
Tutors	...	...	...	...	1 male
Machine tool operators	...	...	...	...	1 female

#### Home or Workshop Employment :—

Basket workers	...	...	...	...	1 male
Boot repairers	...	...	...	...	1 male
Braille copyists	...	...	...	...	1 male
Weavers and knitters	...	...	...	...	1 female
Mat makers (Workshops, Portsmouth)	...	...	...	...	1 male

### *Home Workers Scheme*

During the year the Council augmented the earnings of two blind persons under this scheme. One of these was a shop-keeper and the other was employed as a Braille copyist by the National Library for the Blind.

### *Placement Service*

Continued use has been made of the Placement Service of the Royal National Institute for the Blind, under which suitable blind persons are placed in open industry. Regular contact is maintained by the Placement Officer with blind persons in employment.

### *Handicrafts Classes*

Handicrafts classes are held twice a week in the Unitarian Hall, Newport, and once a week at the British Red Cross Society's premises in Ryde.

### *General Social Welfare*

Regular visits are paid to all registered blind people, and Braille, Moon and handicrafts are taught. Six blind people and two sighted

guides were given a fortnight's holiday during 1962 either in residential or private accommodation. Monetary gifts, fuel, food, clothing, fire guards, white sticks, raised line notepaper, writing frames, playing cards, dominoes, talking books, wireless sets and handicapped persons' gas cookers were given to those in need. Christmas vouchers of £2 2s. and birthday vouchers of £1 1s. were given to all registered blind and partially sighted people. Subscriptions to the National Library for the Blind were paid for 14 readers.

*Ophthalmia Neonatorum*

No cases of this disease were notified during the year.

*Blind Persons with other Disabilities*

During the year a total of 41 persons (18 men and 23 women) were known to be suffering from other disabilities, and these can be classified as follows :—

**Table XXXVII**

<i>Deaf</i> <i>(with or without</i> <i>speech)</i>		<i>Hard of Hearing</i>		<i>Mentally</i> <i>Disordered</i>		<i>Other</i>	
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
1	6	5	3	4	2	8	12

**Partially Sighted**

*Registration*

During the year, four new cases were registered (one man and three women) and three cases (two men and one woman) transferred to the Island from the mainland. Two cases (both women) died, one man was transferred to the mainland, and one man was transferred to the Blind Register on deterioration of sight. On the 31st December, 1962, the number of registered partially sighted persons was 23 (8 males and 15 females), and the following table gives their age groups :—

**Table XXXVIII**

0—1		2—4		5—15		16—20		21—49		50—64		65 and over	
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
—	—	—	—	—	2	—	2	1	—	2	1	5	10

**Deaf and Hard of Hearing**

The Rev. R. G. Young, Secretary of the Hampshire, Isle of Wight and Channel Islands Association for the Deaf, who are the Council's agents for the welfare of the deaf, has submitted the following report on the year's work :—

"The Home for the Deaf" "Easthill," Ashley Road, Ryde, continues to be the social centre for the Island deaf people. In addition to the regular Saturday socials, when nine or ten people have joined the residents, some have visited the home during the week for special events. These include Red Cross events, which have received some publicity. There have been four celebrations of Holy Communion, which have been taken by three visiting clergy, and ten evening services conducted by the Superintendent, Mr. Styan.

Parties and Outings in which the residents and Island deaf people have joined were regularly held.

The Superintendent, as Welfare Officer, keeps in touch with all the deaf and hard of hearing. He also visited Parkhurst Prison where there were two deaf men.

The lipreading classes, taken by Miss Wale of Brading, were held weekly at the County Hall, Newport, and the average attendance rose to nine. The Association is responsible for the transport for Miss Wale as her services are free.

The Superintendent carried out a survey of the hard of hearing by visiting all those on the register and subsequently reported that some hard of hearing did not wish to be registered or receive regular visits. Those who appreciate contact with the Association are kept informed of the activities and visited."

I am also informed by the Rev. R. G. Young that the Superintendent of the Home for the Deaf at Ryde paid a total of 74 visits to deaf persons and 122 visits to hard of hearing persons during the year, and that he also gave ten lectures to various organisations such as Rotary Clubs, Women's Institutes, etc.

On the 31st December, 1962, there were 24 deaf persons registered (13 male and 11 female), and 57 hard of hearing (15 male and 42 female), and the following table shows their age groups :—

Table XXXIX

						Under 16	16—64	65 and over
DEAF	...	...	...	Male	...	1	10	2
				Female	...	1	8	2
HARD OF HEARING	...			Male	...	1	4	10
				Female	...	—	7	35

Registration

On 31st December, 1962, 125 persons were registered as handicapped persons. The following table shows the classifications :—

Table XL

										Total
Amputations	...	...	...	...	...	...	...	...	...	6
Arthritis and rheumatism	...	...	...	...	...	...	...	...	...	25
Congenital malformations and deformities	...	...	...	...	...	...	...	...	...	10
Diseases of the digestive and genito-urinary systems ; of the heart or circulatory system ; of the respiratory system (other than tuberculosis) and of the skin	...	...	...	...	...	...	...	...	...	13
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper an dlower limbs and of the spine	...	...	...	...	...	...	...	...	...	12
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	...	...	...	...	...	...	...	...	...	38
Other mental and nervous conditions	...	...	...	...	...	...	...	...	...	6
Tuberculosis (respiratory)	...	...	...	...	...	...	...	...	...	9
Tuberculosis (non-respiratory)	...	...	...	...	...	...	...	...	...	1
Diseases and injuries not specified above	...	...	...	...	...	...	...	...	...	5
										125

### *Welfare of the Handicapped*

The Welfare Officers have continued to keep in touch with the registered handicapped persons on the Island and have given advice on social and other problems. A number of requests for assistance in connection with adaptations to homes were received and, where considered necessary, the work was carried out.

### *Disabled Persons' Clubs*

The British Red Cross Clubs at Newport, Ryde, East Cowes and Freshwater continued to function well and in May a further Club was started in the County Council's new health clinic at Lake. I am indebted to Miss C. M. Quinton, Branch Director of the Society, for the following information.

Club members are instructed in a variety of handicrafts, including basket and leather work, soft toy making, seagrass work, making Christmas crackers, etc. The standard of work is quite good and in many cases there is a demand for sale to the general public. Many outings and entertainments were arranged during the summer for the members by the Club Organisers and their helpers. Owing to the very severe winter, Clubs sometimes did not meet for weeks, but during this time members were visited in their own homes by Club Organisers and helpers who kept them supplied with materials for their crafts.

### *Residential Care and Training*

On the 31st December, 1962, the Council maintained six handicapped persons in the following homes :—

Royal Hospital and Home for Incurables	...	...	...	...	1
Greathouse, Kington Langley	...	...	...	...	1
Roper House Home for the Deaf	...	...	...	...	1
Chalfont Epileptic Colony	...	...	...	...	2
Easthill Home for the Deaf	...	...	...	...	1

### *Car Badges for Severely Disabled Drivers*

This scheme, whereby severely disabled drivers are issued with badges to attach to their cars, enabling them to be readily identified by the police and other road users and thereby easing their difficulties in finding suitable parking places, was commenced towards the end of 1961. In the period ended 31st December, 1962, 22 disabled drivers had been issued with badges under this scheme.

## **Part IV**

### *Section 37—Registration of Premises*

Six applications were received for the registration of premises as Homes for Aged and/or Disabled Persons and registration was effected in three of these cases. One of these Homes relinquished registration as a Home for 10 residents and was granted registration as a Home for 22 residents after the premises had been extended. The remaining three applications were still under consideration at the end of the year.

At the 31st December, 1962, eleven Homes for Aged and/or Disabled Persons were registered under this Section of the Act.

In September, the National Assistance (Conduct of Homes) Regulations came into force, which extended the powers of local authorities with regard to the running of private Old People's Homes. As a result of these regulations all such Homes at that time registered with the Council were re-inspected and, except for one or two minor recommendations, which were implemented, all were considered satisfactory.

#### *Section 47 – Removal of Persons in need of Care and Protection*

Action under this section was taken in respect of three persons needing hospital care during 1962. All the persons concerned were admitted to St. Mary's Hospital, Newport.

#### *Section 48 – Temporary Protection of Property of Persons admitted to Hospitals, etc.*

The Council accepted responsibility for the protection of the effects of seventeen patients during the year.

#### *Section 50 – Burial or Cremation of the Dead*

During the year the Council did not accept responsibility for the burial of any person under this Section of the Act.

### **Boarding-out of Aged and/or Disabled Persons**

Good use continues to be made of this scheme, whereby certain elderly and/or disabled people are placed with private households as an alternative to admission to residential accommodation provided by the Council. The following statistics give an indication of the progress of this scheme during the year (the relevant figures for 1961 being shown in brackets).

#### *Statistics*

During 1962 :—

Number of additional persons boarded-out	...	...	...	14	(25)
Number of persons who left boarding-out accommodation	...	...	...	12	(17)

On 31st December, 1962 :—

Number of persons in boarding-out accommodation	...	...	...	26	(24)
Number of householders participating in boarding-out scheme	...	...	...	51	(47)

### **TEN YEAR DEVELOPMENT PLAN FOR LOCAL AUTHORITY HEALTH AND WELFARE SERVICES**

Following publication of a Command Paper entitled "A Hospital Plan for England and Wales," setting out a plan for the development of hospitals over the next ten years within the framework of the National Health Service, local authorities were requested to prepare and submit to the Minister of Health plans for their services for the same time ahead, taking account of what was happening, or planned to happen, in related fields and consulting with appropriate authorities and organisations providing health and welfare services on all aspects of the plan concerning them.

The plan for the Isle of Wight was completed in August, 1962, and approved by the Health and Welfare Committee for submission to the Minister in September. It assumed that the population of the Island would increase from 92,400 in 1961 to 96,650 by 1971-72 and that the



element of persons over 65 would also increase, in accordance with the national trend, from 16,200 to approximately 19,000 over the same period.

The main problems taken into account in the plan were:—

- (a) The impact on the Council of Part II of the Mental Health Act, 1959, which came into operation in July, 1960 ;
- (b) The recommended running down of Whitecroft Mental Hospital from 455 to 170 beds by the end of 1975 ;
- (c) The intention to provide a District Hospital at St. Mary's, Newport and close certain other Island hospitals ;
- (d) The shift of emphasis from hospital to community care of the mentally disordered ;
- (e) Shorter hospital stay for normal confinements where the home circumstances are good and domiciliary services can be arranged ;
- (f) The estimated increase from 17.5 per cent in 1961 to 19.7 per cent in 1971-72 of the element of the Island's population over 65 years of age ;
- (g) The need to plan capital development projects so that, where new buildings were necessary, the cost was spread as evenly as possible over the next decade ; and
- h) The need to govern the expansion of health and welfare services by the rate at which the Council considered current expenditure could be permitted to rise.

The plan includes the erection of new Health Clinics to serve the Boroughs of Newport and Ryde, the possible provision of a mobile clinic to serve the less populous areas of the County where rented halls are at present in use and where the erection of purpose-built premises would not be an economical proposition, the provision of lifts at Polars and Osborne Cottage old people's guest houses, the erection of a covered way to link St. Lawrence Dene and Underwath old people's guest houses and the erection of new junior and adult training centres to replace the existing unsatisfactory accommodation at 62 Crocker Street, Newport.

In addition, and subject to the need being established, the plan provides for the provision of two new homes, each for 30 old persons with mild degrees of mental disorder, a hostel for eight to ten adults, suffering from maladjustment, neurotic or psychopathic conditions and requiring short-term residential care as distinct from in-patient treatment at a mental hospital, two hostels, each catering for twenty cases (quiescent long-term adults) no longer requiring in-patient treatment in a mental hospital but unable to return to their own homes, two hostels, to cater for twenty to twenty-five subnormal juniors and adults not requiring hospital accommodation but unable to live at home and a new home for forty old people to meet accommodation needs of an increasing number of elderly persons in the community requiring residential care.

The expenditure envisaged in the Council's Health and Welfare Services over the next decade takes account of this capital development programme, increases in staff required in the nursing, home help, mental health and welfare services necessitated through a greater emphasis in the future on community care and the additional expense which will be involved in providing expanded or improved services.

# School Health Service

*To the Chairman and Members of the Education Committee of the Isle of Wight County Council.*

Madam Chairman, Ladies and Gentlemen,

I am pleased to report a further satisfactory year in the school health service. An event of major importance in the school year was the completion of the new Watergate day school for 120 educationally sub-normal pupils, of whom the first intake of 90 were admitted during the Autumn term, the official opening being planned for March 1963.

The new clinic at Lake for pupils in the Sandown-Shanklin area was officially opened on the 30th April, 1962, by the Chairman of the Sandown-Shanklin Urban District Council and provides facilities for medical consultation, dental inspection and treatment, speech therapy and remedial gymnastics. The presence of the staff of the school health service in attractive, up-to-date premises is already encouraging local family doctors to consult more freely over their school and pre-school patients.

The work of the Spastic Day Unit was given wide publicity in June by an all day symposium on cerebral palsy attended by consultants and family doctors. In October approval was given to setting up a scheme for the ascertainment of deafness in children, which is described in detail in this report, and authority was also obtained to initiate skin-testing of five year old entrants as to tuberculin sensitivity.

Medical inspection proceeded along orthodox lines during the year. Now that an efficient and comprehensive centralised medical records section has been established, it is hoped that we shall be able to proceed with serious consultations with a view to introducing selective medical examination, similar to systems already in practice in a number of other authorities.

Notified cases of infectious diseases in school children showed generally a decrease on the previous year, although absences due to chickenpox and german measles exceeded those of 1961. The number of children referred to the Child Guidance Service showed a considerable increase on which Dr. Knight comments in her report on page 61.

Both the professional and administrative staff have put in a hard year's work. Dr. Ashley-Miller returned in July from his assisted course for the Diploma in Public Health and Dr. Orba left in August for the United States where we wish her every success in her new post. Here again I should like to praise the work of Dr. Roberta Evans and Dr. Hazel Russell as part-time school medical officers, and also to wish Dr. Anne Simpson happiness in her retirement to Scotland. It was with great regret that the Committee received the news in November of the death of Dr. Davies-Jones whose pioneer work on the Island in child guidance has been mentioned fully in previous reports.

We are fortunate in being up to establishment in the school dental, speech therapy, child guidance and school psychological services. The ready co-operation of head teachers, the approachability of family doctors and consultants, and the interest of the Committee in the work of the school health service are both a stimulus and reward to its staff as well as being fundamental to happy and efficient teamwork. I should like, on their behalf, to express appreciation to the Committee for their encouragement and to thank Dr. Ashley-Miller and other contributors, and Mr. W. G. Clarke, for their work in compiling this report and all members of the team for their loyalty and industry during the past year.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL.

## GENERAL STATISTICS

### Schools and School Population

The area covered by the Local Education Authority is 94,146 acres and the estimated population of the Administrative County in June, 1962, was 93,090.

The number of pupils on the school registers in December, 1962 was 12,492 compared with 12,781 in the previous year, a decrease of 289.

Details of the maintained schools at the end of 1962 are as follows :—

						<i>No. of Pupils</i>
Primary Schools	...	...	...	...	...	6749
Secondary Modern Schools	...	...	...	...	...	4216
Secondary Grammar Schools	...	...	...	...	...	1527
						<hr/> 12492 <hr/>

In addition, there were 118 pupils aged between 15 and 18 years attending the I.W. Technical College in Newport and approximately 1,900 pupils in independent schools.

### Mortality in School Children

During the year, five children of school age died, the reasons being as follows :—

<i>Cause of Death</i>			<i>No.</i>	<i>Sex</i>	<i>Age</i>
Craniopharyngioma	...	...	1	F	14 years
Ruptured Haemangioma	...	...	1	F	12 years
Congenital Hypoparathyroidism	...	...	1	M	14 years
Acute Leukaemia	...	...	1	M	12 years
				F	8 years

## MEDICAL INSPECTIONS

As mentioned in the last report, the present schedule of School Medical Inspections is as follows :

1. Entrants to school.
2. Pupils where eighth birthday falls during the calendar year.
3. Pupils in their first year of Secondary Education.
4. Pupils in their fifteenth year.
5. Senior pupils in Secondary Schools prior to leaving school.

In all cases it has been possible to examine pupils entering Secondary Schools in their first term at school. This has proved successful, since appreciation of medical conditions in these pupils is of great value to the teaching staff. The possibility of introducing selective intermediate medical examinations is being considered.

At all age groups the presence of a child's parents at a routine medical inspection is a great help to the School Medical Officer, for it is only by discussion with the parents that full appreciation of the health of a particular child can be obtained. In this respect the use of a newly designed invitation form and questionnaire has proved most successful. In the case of the questionnaire, which is of particular value if the parents are unable to attend, over 98 per cent have been completed and returned for use at the medical inspection. The newly worded invitation form to the parents has resulted in a marked rise in the attendance for all age groups, which has been not only gratifying but of great value to the School Medical Officers concerned.

The centralisation of the School medical records was completed in July, 1962, and the first term's school health work following this has demonstrated the value of the system in promoting a more efficient and personal medical service.

## Findings at Medical Inspection

Dr. M. Ashley-Miller, Senior School Medical Officer, reports :—

"The standard of nutrition and the overall impression of the child's physical condition have been classified in the categories "Satisfactory" and "Unsatisfactory" since 1956. It is interesting and pleasing to note that last year's low figure has been maintained.

						<i>Satisfactory</i> %	<i>Unsatisfactory</i> %
1956	...	...	...	...	...	81.4	18.6
1957	...	...	...	...	...	86.3	13.7
1958	...	...	...	...	...	95.3	4.7
1959	...	...	...	...	...	98.3	1.7
1960	...	...	...	...	...	98.5	1.5
1961	...	...	...	...	...	99.7	0.3
1962	...	...	...	...	...	99.7	0.3

During 1962, 13 children were found to be in unsatisfactory condition, in contrast to 14 last year and 53 in 1960, considered to fall into this category.

However, the better nutritional state of school children does raise its own attendant problems, since concern is felt at the frequency with which obese children are being seen at Medical Inspections. Provided these children are discovered early, much can be done to ensure that they remain healthy, since dieting need not be irksome in the early stages. However, in advanced stages of obesity, co-operation between the school, School Medical Officer, family doctor, and most of all, the parents, is imperative if the children are to be prevented from being seriously handicapped both during and after their school life. So often the advanced case has passed the 'point of no return' when neither the parents nor the child himself have the stamina or the will power to reduce his weight.

Increasing interest in, and awareness of, the often distressing problem of nocturnal enuresis has been shown both by parents and family doctors, who have frequently enlisted the help of the School Health Service. Where necessary, a full investigation is undertaken. A number of the younger cases have been kept under observation at school, but several cases have been referred to the Child Guidance Clinic, and a few to the hospital specialist service for investigation.

The problem of plantar warts in schools is always present.

The warts are caused by a virus infection, and is mainly a complaint that affects the under-twenty population. The virus probably gains entry through minute abrasions of the skin, and therefore is more likely to occur where children go bare foot. Thus considerable vigilance is required in preventing epidemics of plantar warts in those schools where bare foot gymnastic work takes place. Co-operation between School Medical Officers, headteachers and physical education teachers in these schools has resulted in the close supervision of children by a system of regular foot inspections and, where possible, daily cleansing of floor and shower areas. Suspected cases are referred for treatment and cease to do bare foot work until their condition is cleared. There seems little doubt that the introduction of bare foot gymnastic work in schools has, to a large extent, been responsible for the improved foot health so noticeable in this country over the past 30 years. Provided that this work is compatible with the low incidence of plantar warts in the school population, it should obviously be encouraged. It is pleasing to report that there was no serious outbreak of plantar warts in any school during 1962."

## Medical Examination of Student Teachers

Fifty-five entrants to training colleges were examined by School Medical Officers, and these candidates were placed in the following medical categories as laid down by the Ministry of Education :—

<i>Categories</i>				
A1	A2	B1	B2	C
22	31	2	—	—



There were no new candidates for teaching posts with the Authority, but 15 "experienced" teachers from other authorities were medically examined prior to entering employment in Island schools and all found fit.

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

### Dental Inspection

Mr. G. Simons, L.D.S., submits the following report and observations on the dental health of school children during 1962.

"There have been no changes of staff during the past year, and in view of the overall shortage of dentists, we must consider ourselves most fortunate in retaining a full complement of dental officers. Mr. W. Maden, the officer responsible for the Newport area, has been promoted to Senior Dental Officer. New premises for dental clinics are planned for Ryde and Newport and it is hoped that, when these are built, it will be possible to increase the strength by the appointment of additional staff. Although the ratio of four dental officers to 13,000 children is high judged by the numbers in the great majority of other authorities, a service which can provide only an annual dental inspection falls far short of what is required. More parents appear to be taking their children for regular visits to their own dentists and this is reflected in a slight fall in the acceptance rate, 60 per cent against 62 per cent last year.

12,261 children were examined of whom 5,168 were offered treatment and 3,117 actually treated. All necessary work, including orthodontics, has been carried out and the emphasis has been, as usual, on the conservative side. This is amply shown by the ratio of 14 permanent teeth saved for every one which had to be removed owing to decay.

Much work has been done during the year in the field of Dental Health Education and it is gratifying to report that there are now only a few schools which continue to sell dentally harmful snacks to their pupils. A Dental Health Exhibition was held for one week in April at the Island Industries Fair. The Amalgamated Dental Company provided a complete surgery of up-to-date equipment in working order while the British Dental Association and many commercial concerns gave great help in the form of gifts and loans of various material. The exhibition was so arranged in sections as to allow for active participation by those attending, particularly the children. A poster competition, open to all Island school children, produced many entries of a remarkably high standard while the attendances throughout the week were so great as to prove, at times, embarrassing to the dental staff manning the exhibition.

The report on the fluoridation of public water supplies has been published, the Minister of Health has given his unqualified approval of the measure and it is my own hope that the Island's water supplies will be treated to bring their fluoride content up to one part per million, from their present merely trace amounts, without undue delay.

I must thank the dental officers and their assistants for their zealous work and thank also the staffs of the schools who, by their co-operation, have helped to smooth our path."

G. SIMONS,  
*Principal School Dental Officer.*

### Treatment

Owing to the annual decline in the number of children needing treatment for minor ailments it was not considered justified to retain, after 1961, area weekly Medical Officers' sessions. With the exception of County Hall, Newport, which is now regarded as a special consultation school clinic, appointments are given for children to attend other established clinic premises when and where the occasion arises.

The following table shows the location and frequency of the authority's principal school clinics. Details of the year's work at these will be found in the individual reports of the officers concerned.

## Principal School Clinics.

*Clinic Sessions provided directly by local authority.*

<i>Name and Address of Clinic.</i>	<i>Consulta- tion</i>	<i>Dental</i>	<i>Remedial Exercise</i>	<i>Child Guidance</i>	<i>Speech Therapy</i>
<b>NEWPORT</b>					
County Hall ... ..	(c)	(a)	(c)	(b)	(b)
61 Crocker Street ... ..			(f)		(d)
Watergate School ... ..		(a)			
Nine Acres County Infants School					
<b>RYDE</b>					
Methodist Church Hall, Well Street ... ..			(c)		(c)
Caversham House, Dover Street		(a)			
<b>COWES</b>					
Health Clinic, Consort Road ...		(a)	(c)		(d)
<b>EAST COWES</b>					
Red Cross H.Q., Osborne Road					(c)
R.C. Church Hall, Connaught Road ... ..			(c)		
<b>SANDOWN-SHANKLIN</b>					
Lake Clinic ... ..		(a)	(c)		(c)
Fairway Secondary School ...			(c)		
Gatten and Lake County Primary School ... ..					(c)
<b>VENTNOR</b>					
Ventnor C.E. Junior School ...			(c)		(d)
<b>WEST WIGHT</b>					
Shalfleet C.E. Primary School ...					(c)
West Wight Secondary Modern School ... ..			(c)		
Freshwater All Saints Primary School ... ..					(c)
Nurses' Institute, Prince's Road, Freshwater ... ..					(c)

Key to table—(a) Permanent clinic ; (b) Four sessions weekly ; (c) Three sessions weekly ; (d) Twice weekly ; (e) Once weekly ; (f) Fortnightly.

A weekly Ophthalmic Clinic and a twice-weekly Orthoptic Clinic, provided under arrangements with the Regional Hospital Board are held at County Hall, Newport.

## Ear, Nose and Throat Conditions

The arrangements continued for school children to be seen by the Ear, Nose and Throat Consultant at the Frank James Hospital, East Cowes, the Cottage Hospital, Shanklin, or the Royal Isle of Wight County Hospital, Ryde.

Statistics will be found in Part III, Table B, in the appendices to this report.

## Hearing Defects and Ascertainment of Deafness

In pursuance of the policy, described in my Annual Report last year, to provide an audiology clinic along the lines suggested by the circular 23/61 issued jointly by the Ministries of Health and Education, the several necessary steps have now been taken.

Dr. J. D. Russell attended the Medical Officers' Course conducted by the Department of Audiology and Education of the Deaf at Manchester University from the 19th to 23rd February, 1962. On his return he presented a report and a comprehensive set of notes.

In May a report was presented by the Deputy County Education Officer following his visit to the Unit for Teaching of Deaf Children at Chichester, administered by West Sussex County Council.

A combined report on the Educational Provision for Deaf Children was presented by the County Education Officer and myself, to the Education Special Services Sub-Committee at their meeting on the 16th October, 1962.

The proposals, which were adopted in full, were as follows :—

- (a) Establishment of an Audiology Clinic.
- (b) Employment of a teacher of the deaf, part-time, in the first instance.
- (c) Use of the speech therapy room at the Spastic Day Unit for one session per week.

On the 19th December, 1962, the Joint Management Committee for the Unit agreed to the use of the room and minor acoustic adaptations.

- (d) Purchase of necessary audiology clinic equipment.
- (e) Purchase of a speech training aid and a 'special' hearing aid if necessary.
- (f) Establishment of a Day Teaching Unit at Barton Junior School, possibly with a subsidiary unit at Watergate School.

The above proposals are being implemented at the time of writing.

During the year pure tone audiometry was carried out on a total of 1,306 children and 124 children required re-testing.

Out of this number 69 failed the test.

Of these 69, 14 were later found to have normal hearing. Nine were referred to the Ear, Nose and Throat Consultant, 4 had left school, and 12 were under observation by the School Medical Officer.

Of the 9 referred to the Consultant, 7 were found to have hearing loss and 2 awaiting further assessment.

There were 10 children wearing hearing aids in ordinary schools at the end of 1962, and three children were attending special residential schools for the deaf on the mainland.

The number of children treated for diseases of the ear, nose and throat during the year was 609.

## **Eye Conditions**

Children whose parents wish to avail themselves of the opinion of the Consultant Ophthalmologist may be seen either at the County Hospital, Ryde, or at the eye clinic in the County Hall, Newport.

Details of the work done at the Newport Eye Clinic are given in the following table :

Number of children who attended	...	...	...	...	...	...	...	...	533
Number of attendances—i.e.									
New attendances	...	...	...	...	...	...	...	...	113
Re-examinations	...	...	...	...	...	...	...	...	295
Re-examined twice or more during year	...	...	...	...	...	...	...	...	163
Number of children referred for—									
Defective vision	...	...	...	...	...	...	...	...	533
Other defects	...	...	...	...	...	...	...	...	—
Results of attendances—									
Spectacles prescribed (first time)	...	...	...	...	...	...	...	...	57
Lenses altered	...	...	...	...	...	...	...	...	55
Frames renewed	...	...	...	...	...	...	...	...	58
Already had spectacles which were suitable	...	...	...	...	...	...	...	...	165
Spectacles not required	...	...	...	...	...	...	...	...	82
Spectacles repaired	...	...	...	...	...	...	...	...	3
Vision not improved with spectacles	...	...	...	...	...	...	...	...	13
Spectacles no longer necessary	...	...	...	...	...	...	...	...	9
Other attendances for examination with or without atropine	...	...	...	...	...	...	...	...	99

N.B.—One of the above children was referred to the Orthoptist.

There was a decrease from 930 to 801 in the total number of cases dealt with from the Island as a whole (see appendix Part III, Table A) and 112 pupils had spectacles prescribed compared with 121 last year.

### Orthoptist's Report

As many patients from the West Wight have found it difficult to attend regularly for treatment at Newport an additional clinic, situated at the Freshwater Nurses' Institute premises, was started in May, 1962.

The total number of children attending the Orthoptic Clinics at the Royal Isle of Wight County Hospital, Ryde ; County Hall, Newport ; and the Nurses' Institute, Freshwater, conducted by Miss Sharland, for the treatment of squint, showed a decrease of forty-four at the end of the year. New patients totalled three less than in 1961, and the overall decrease is largely due to the increase in discharges—115 during the year.

Number of cases :—	<i>Newport Clinic</i>	<i>Ryde Clinic</i>	<i>Freshwater Clinic</i>
<i>Attending regularly</i> 1/1/62	119	149	—
Re-admitted	3	—	—
New cases admitted	26	38	4
Transferred between clinics	13	4	17
Discharged	33	81	1
<i>Attending regularly</i> 31/12/62	102	102	20

### Remedial Exercise Clinics.

Clinic sessions continued during the year at Cowes, East Cowes, Freshwater, Newport, Ryde, Sandown (Fairway School) and Ventnor.

Both the number of new cases and the total attendances dropped considerably during the year.

In January the weekly session formerly held at the Bowls Club, Shanklin for pupils of the four Sandown-Shanklin area primary schools was transferred to the new Lake Clinic where there are fixed wall-bars and better facilities generally.

A fortnightly class was started at the new Watergate School in October and Miss D. Hitchins, Remedial Gymnast, reports that the children concerned perform the exercises and postural movements with enthusiasm.

The past two years' work is compared below :

Number of	1962	1961
Clinic sessions held	380	369
Children attending	132	510
Attendances	3160	1086
New cases	43	64
Cases cured	39	35
Schools visited	48	55

## Speech Therapy.

I am indebted to Miss J. Eglen and Miss I. Haddock for the following report :

"Some re-organisation of Speech Therapy Clinics has been necessary this year, owing to the opening of the new school at Watergate, Newport.

We have arranged that both of us have one session a week each at the school which, though by no means ample, is meeting fairly adequately the needs of the children there.

We are happy to have the opportunity of working in close co-operation with the teachers of these children, who so often need long term speech treatment.

We now visit five other schools in addition to Watergate, although two only briefly. This is to enable children who have difficulty getting to the main clinics to be seen regularly. Seventy other schools have been visited throughout the year. With the opening of the new Health Clinic at Lake, we have appreciated the use of a room allocated to us, where we have space for equipment. Despite some advantages of visiting schools we feel a base clinic, with a speech therapy room where our own equipment and files can be kept, provides a more stable and rewarding environment for children receiving treatment.

There have been more opportunities for attending meetings this year. Three Screening Panels at the Spastic Unit have been held, to which we have contributed. For the Symposium at the Spastic Unit in June, we demonstrated the speech therapy service with photographs, equipment and tape recordings. One child from the Spastic Unit was admitted to Moor House Residential School for Speech Defects in January, and one of us was able to accompany him, and had the opportunity of looking over the school and meeting members of the staff. This school is open to children with an I.Q. of 90 +, who have a fairly severe speech defect usually of organic origin, who will benefit fully from concentrated speech therapy treatment and formal education.

In April we attended a week-end meeting between Speech Therapists and Teachers of the Deaf, when areas of possible co-operation, particularly in Audiology Units, were fully explored. It was felt that in the past there had been considerable misunderstanding concerning the role of our profession in the treatment of the partially deaf child, and we sincerely hope that we will be able to be of assistance to the new Audiology Unit destined shortly for the Island. Towards the end of June we met about twenty-five Speech Therapists and many other members of local authorities in the Southern Area, at an evening meeting organised by the Portsmouth Speech Therapists on "Some features of congenital dyslexia," given by Dr. Goodie, Neurologist at University College Hospital, London.

This year we have very much enjoyed meetings at County Hall, where various topics concerning the welfare of school children have been discussed. We were very pleased to be asked to lead the discussion on the Speech Therapy service at one of these meetings, and hope that this has helped to show more clearly the purpose and results of our work. One of us was invited to talk to a Parent-Teacher Association meeting, where parents asked many questions on general speech problems affecting their children.

There has been more direct contact with Consultants and others this year. This seems to be due to more frequent meetings and the fact that we work so often in the same premises as dentists, health visitors and the Child Guidance Clinic. Several general practitioners with whom we have had previous contact have referred more children, particularly below the age of five years.

It will be noticed in the following summary of the year's work that the administration has altered a little, and fewer children appear to have been discharged completely. This is due to a longer follow-up on children who have had treatment, although still enabling us to admit just as many new cases. Children on the waiting list are seen at an assessment interview as soon as possible after referral, although it may be a little while before they can be admitted for regular treatment.



Number of Patients :									
Under regular treatment	...	...	...	...	...	...	...	...	176
Three-monthly check-up	...	...	...	...	...	...	...	...	31
Under observation only	...	...	...	...	...	...	...	...	52
New cases admitted	...	...	...	...	...	...	...	...	68
Cases discharged	...	...	...	...	...	...	...	...	54
Conditions treated :									
Dyslalia	...	...	...	...	...	...	...	...	120
Stammer	...	...	...	...	...	...	...	...	39
Stammer and Dyslalia	...	...	...	...	...	...	...	...	10
Cleft Palate	...	...	...	...	...	...	...	...	2
Language Retardation	...	...	...	...	...	...	...	...	2
Language Retardation and Dyslalia	...	...	...	...	...	...	...	...	19
Dysarthria	...	...	...	...	...	...	...	...	4
Dysphasia	...	...	...	...	...	...	...	...	7
Lip Reading	...	...	...	...	...	...	...	...	2
Hypernasality	...	...	...	...	...	...	...	...	2
Patients referred by :									
Head Teachers	...	...	...	...	...	...	...	...	70
School Medical Officers	...	...	...	...	...	...	...	...	101
General Practitioners	...	...	...	...	...	...	...	...	11
Other sources	...	...	...	...	...	...	...	...	25
Result of treatment and disposal :									
Under treatment	...	...	...	...	...	...	...	...	136
Stood down after treatment	...	...	...	...	...	...	...	...	22
Left the Isle of Wight	...	...	...	...	...	...	...	...	16
Discharged, cured or improved	...	...	...	...	...	...	...	...	31
Discharged at parent's request or for non-attendance	...	...	...	...	...	...	...	...	7

Eighteen patients referred by School Medical Officers, head teachers and other sources are awaiting treatment."

J. EGLEN, L.C.S.T.  
I. HADDOCK, L.C.S.T.  
*Speech Therapists.*

## CHILD GUIDANCE SERVICE

### REPORT OF CONSULTANT PSYCHIATRIST

I am indebted to Dr. G. D. Knight, Consultant in Child Psychiatry for the report which follows on Child Guidance during 1962.

<b>"Statistical Survey.</b>						1960	1962	% Increase
Total number of cases dealt with	...	...	...	...	...	48	87	81%
New cases	...	...	...	...	...	30	56	87%
Old cases re-opened	...	...	...	...	...	3	4	33%
Total number of attendances	...	...	...	...	...	204	388	90%

Of the new cases referred in 1962, 5 children were below school age, and 3 children were above school age.

#### **Main reasons for referral of new cases.**

Poor progress at school	...	...	...	...	...	...	...	6
Bed wetting	...	...	...	...	...	...	...	5
Soiling	...	...	...	...	...	...	...	3
Pilfering	...	...	...	...	...	...	...	6
Nervous fears	...	...	...	...	...	...	...	5
Socially isolated	...	...	...	...	...	...	...	1
Aggressive behaviour	...	...	...	...	...	...	...	3
Behaviour difficulties	...	...	...	...	...	...	...	17
Other reasons	...	...	...	...	...	...	...	10

It will be seen that the numbers of new cases and of total attendances have nearly doubled, compared with 1960, the last full year in which clinic sessions were held on two half-days a week. Since September, 1961, there have been four half-day sessions a week. Much time is spent outside clinic sessions by the Educational Psychologist, Mr. Davie, and the Psychiatric Social Worker, Mr. Chisnell, on testing children, discussing progress with school staffs, and in visiting homes.

In all branches of medicine it is difficult to estimate either effort expended or degree of success by means of figures, and this is particularly true of psychiatry. How easy, too, to list, for example, "5 cases of bed wetting" and how difficult to convey the unique interest of each child and his family ; the similarities, the differences, and the illuminating, sad or encouraging things that are said and done.

Some children who are referred can be fairly quickly dealt with. One or two interviews with the child and mother may be enough to put things right where relationships are fundamentally good, and difficulties have arisen through slight uncertainties, misunderstandings and errors of technique on the part of the parents. The child's symptom is almost always the result of his reaction to his environment, and sometimes quite small changes will have very good results.

In other cases many hours of observation and therapy may be needed before the child's difficulties are clearly understood, and his capacity for dealing with them fully mobilised. Sometimes psychotherapy for a parent is the most important factor in treatment of the child.

The problem is numerically large. Some European surveys have suggested that one sixth of all children of 5 and 6 years of age are in need of child guidance treatment. But opinions differ as to how the need for treatment should be assessed. It is unfortunately true that our waiting list for new patients is growing but we intend to make special efforts to see quickly any child whose case is thought to be urgent. We would place in this category all children under school age, all who are excluded from school or having difficulty in going to school, and any child thought to be pathologically depressed or withdrawn.

In our work we have short and long term aims. Firstly, we must try to remove the presenting symptoms, and this in itself is no unworthy object, for its achievement will mean the relief of a good deal of mental distress among parents and children. But taking a longer view, we must try as far as possible to prevent the occurrence of other symptoms later on, and we must help the children to be happy in themselves and happy with their parents, to grow up to be useful and adaptable, and in their turn to be loving and strong parents. This means, of course, that the full results of child guidance work cannot be judged entirely until these children's children show, or do not show maladjustments, emotional disturbances, and anti-social behaviour. What we are doing now *may* have beneficial effects in about 1990 !

Children are brought to the Clinic because some grown-up has decided that this is necessary. But they are reasonable beings, and should be given a reasonable explanation for their visit, and some idea what to expect. I am rather surprised to find that on the whole mothers prepare their children quite well, picking on some point of difficulty of which the child is aware, and explaining that "there is a doctor who can help them over it." This is easy when there is an obvious cause of worry to the child, such as bed wetting, but requires some ingenuity when the trouble is less specific, such as nervous fears or aggressive behaviour. But it is unusual to find that the mother has not attempted some kind of explanation and assurance. Some children, and many mothers are very tense and very much on the defensive at first, and a good deal of care is taken to get on to a friendly footing as soon as possible, not only because this is more comfortable for all concerned, but because nothing helpful can be done with frightened and suspicious people.

It is important that the child guidance team should work in close touch with family doctors, school medical officers and others who are brought into a special relationship with children. These people provide us with valuable information and often do a great deal to assist in treatment. We, in turn, must keep them informed as to the advice given by us, and progress made by the child; and we hope steadily to improve the functioning of the Clinic in this respect. One of the pleasant advantages of working in a small and compact area such as the Isle of Wight is that personal contacts are easily made, and a personal interest in the Clinic is taken by many people only indirectly connected with it.

GWENDOLINE KNIGHT., M.R.C.S., L.R.C.P., D.P.M.,  
*Consultant Psychiatrist.*

## REPORT OF THE EDUCATIONAL PSYCHOLOGIST

(Mr. R. Davie, B.A. (Psych.), Dip. Ed. (Psych.))

### Staffing.

The work of both the Child Guidance Clinic and the School Psychological Service was hampered during the year by the absence of our Social Worker, Mr. Chisnell, who was attending a course at Southampton University leading to his qualification as a Psychiatric Social Worker. We look forward to his return early in 1963.

### Referrals.

333 children were referred during the year. Of this number, 229 were new cases—some of them put forward as possible candidates for our new E.S.N. School at Watergate. Another 57 children—in "special" classes and in Secondary Modern Schools—were re-examined with a view to transfer to Watergate School. The remaining 47 children had been seen in previous years but were referred for a variety of reasons, including unsatisfactory progress, new difficulties, new decisions needed and current reports requested by the Health Department.

#### (a) Referring Agencies :

Schools	...	...	...	...	...	...	...	195
School Health Service, General Practitioners, Hospitals	..	...	...	...	...	...	...	58
Parents	...	...	...	...	...	...	...	30
Child Guidance Clinic	...	...	...	...	...	...	...	23
Welfare Agencies (e.g. School Welfare Service, Health Visitors, Children's Office, Probation Office)	...	...	...	...	...	...	...	21
Outside Agencies and Miscellaneous referrals	...	...	...	...	...	...	...	6
								<hr/> 333

#### (b) Location of Children Referred :

Primary Schools	...	...	...	...	...	...	...	174
Secondary Schools	...	...	...	...	...	...	...	107
Independent Schools	...	...	...	...	...	...	...	16
Pre-School Children	...	...	...	...	...	...	...	13
Residential Special Schools	...	...	...	...	...	...	...	9
Training Centre	...	...	...	...	...	...	...	8
Children who have left school	...	...	...	...	...	...	...	3
Children under home tuition	...	...	...	...	...	...	...	3
								<hr/>
Total	...	...	...	...	...	...	...	<hr/> 333

## **"Special" and Remedial Classes.**

### *a. "Special" Classes.*

With the opening of Watergate School in September, 1962, the area "special" classes for primary age L.S.N. children attached to Primary Schools closed down. The classes had done valuable work but their scope had been limited, amongst other factors, by having to lose their children at the end of the primary stage. It is confidently expected that Watergate School, which is especially geared to meet the needs of those children who require special educational treatment, and is able to meet these needs from the age of seven to sixteen, will be a considerable step forward.

### *b. Progress Classes.*

The number of Progress Classes in Primary Schools on the Island remained at eight. These classes are essentially short term remedial units for junior children who appear to need more individual help than can be given in the normal class. Their aim is to return the children to their ordinary classes as soon as possible.

## **Watergate School.**

As has been indicated, a considerable proportion of my time during the year was spent examining and re-examining children whom Head and Class Teachers thought might benefit from the transfer to Watergate School. The bulk of these children were, of course, in the six existing "special" classes. Some of the children's claim for transfer were relatively straight forward but many were "borderline" cases where a more detailed appraisal of intellectual, social and emotional factors was necessary. At the secondary stage, the age factor had, additionally, to be taken into account. For a child nearing school leaving age, the advantages of a transfer might be marginal. However, each individual case was considered on its merits and the views of parents sought.

It was decided that no formal ascertainment should be made of the children on entry to this school. The children were initially seen and assessed by myself after a full discussion with the Head and Class Teacher. The parents were then seen and the position discussed. It was further explained to the parents that a thorough medical examination would be necessary.

The approach to the parents was made either by the Head or Class Teacher, the Senior School Welfare Officer or myself. This approach was fully discussed beforehand and terms such as "backward" or "mental defects" were avoided. A positive slant was aimed for. The children were seen not as pupils who were lacking in something (i.e. intelligence) but as children who had "special learning difficulties" and who therefore needed more individual help, very skilled teaching, special books and equipment, etc. Parents responded well to this approach and the only refusal to accept a transfer to Watergate School came from parents whose child was approaching 14 years of age and who had a particular job in view on leaving school.

## **General Advisory and Informative Work.**

(a) The most fruitful work in this sphere, I feel, has been done incidentally, whilst discussing individual children with teachers, doctors, parents, etc.

(b) I have continued to take a number of journals, including *Forward Trends*, *Educational Research*, *Special Education*, *British Journal of Educational Psychology*, *Journal of Child Psychology and Psychiatry*, *The British Journal of Social and Clinical Psychology*, and *Developmental Medicine and Child Neurology*. Information from these journals is disseminated either incidentally, or by direct loan of the journals to interested persons.

(c) Talks have been given to Parent-Teacher Associations and various other bodies. Perhaps the most useful talk was given to an audience of doctors—mostly General Practitioners—at Ryde Hospital.

(d) Dr. Knight and I both gave two lectures on our work to mental nurses in training at Whitecroft Hospital, our own School Welfare Officers, Children's Visitors and Health Visitors.

(e) Monthly meetings at the Child Guidance Clinic attended by the clinic team and health visitors were recommended.

## **Dyslexia or "Word Blindness".**

This alleged "condition" has been a controversial question for some time. It has of late been receiving attention from the Ministry of Education, who are conducting an investigation. A conference on the subject which I attended was organised by the Invalid Children's Aid Association and held at St. Bartholomew's Hospital in April, 1962.

As a result of a suggestion made at this conference, an "Association for Word Blind Children" has been formed and I have become a member of this Association with the result that their first bulletin refers to the membership stretching "from the Isle of Wight to Wigan."

The matter has also received some attention from the press and television and a number of parents on the Island have contacted me, either through the schools, or direct, to ask if their children were "suffering from word blindness". Such a question places me in some difficulty because there are as yet no agreed criteria for making a diagnosis. In "The Health of the School Child, 1960-61," for example, the following definition is used, "Reading delay in a child of average intelligence without obvious physical or emotional handicap." If one accepts this definition, a not insignificant proportion of children would fall into this category. However, one strongly suspects that such children would not constitute an homogeneous group and the use of an "umbrella" term like this might tend to obscure important differences. Some authorities would prefer to reserve the terms "dyslexia" or "word blindness" for a condition which would certainly be much rarer, but even here the diagnostic criteria are not generally agreed.

I shall continue to keep this question under review and in the meantime refrain from using the terms until an unequivocal definition has been agreed by workers in this field. The important thing, as I see it, is to ensure that every child with reading difficulties, whatever the causation, is fully investigated and appropriate steps taken to rectify the situation."

R. DAVIE, B.A. (Psych.), Dip.Ed. (Psych).  
*Educational Psychologist.*

## HANDICAPPED CHILDREN IN SPECIAL SCHOOLS

At 31st December, 1962, 19 children (11 boys and 8 girls) were in residential special schools as compared with 23 the previous year. The schools concerned were:—

<i>Name of School</i>	<i>Boys</i>	<i>Girls</i>
<i>Blind.</i>		
St. Vincent's School for the Blind and Partially Sighted, West Derby, Liverpool ... ..		1
Sunshine House School for Blind Infants, Leamington Spa, Warwickshire ... ..	—	1
School for Blind Children, Bridgend, Glamorganshire ...		1
Royal West of England School of Industry for the Blind, Westbury-on-Trym, Bristol ... ..	1	
	1	3
<i>Partially Sighted.</i>		
Barclay School for Partially Sighted Girls, Sunninghill, Berkshire ... ..		2
Blatchington Court, Seaford, Sussex ... ..	1	—
	1	2
<i>Deaf.</i>		
Royal School for Deaf Children, Margate, Kent ... ..	2	—
Royal West of England School for Deaf, Exeter ... ..	—	1
	2	1
<i>Delicate.</i>		
Ogilvie School, Clacton, Essex ... ..	1	—
Pilgrims School, Seaford, Sussex ... ..	1	—
	2	—
<i>Maladjusted.</i>		
Kingsmuir School, Stonelands, Sussex ... ..	1	1
St. George's House, East Grinstead, Sussex ... ..	1	—
Ashley Hall School, Market Drayton, Shropshire ... ..	1	—
	3	1



*Educationally Sub-Normal.*

Beacon School, Lichfield, Staffs.

1 —

*Epileptic.*

Lingfield School for Epileptics, Surrey ... ..

1 1

The table represents no change since my last report in the number and situation of children in the following categories attending these schools :—

I — Blind. II — Deaf. III — Epileptic.

Admissions and discharges of pupils suffering from other handicaps were :—

*Partially Sighted.*

A nine year old boy assessed in 1960 was admitted to Blatchington Court School in January, 1962, and is progressing well.

Since the admission of this pupil the waiting list at schools for both Blind and Partially Sighted children have eased considerably and it is anticipated that future assessments in these categories will not be delayed admission.

*Delicate.*

A girl attending St. Vincent's Open Air School, Sussex, since 1957, having shown considerable improvement was discharged for a trial period and has since been making good progress at an ordinary school.

One boy was transferred from the Invalid Children's Aid Association Meath School, Ottershaw, to the senior class at Pilgrim School, Seaford, and another boy attending Pilgrim School reached school-leaving age. Every effort was made, in collaboration with the Youth Employment Officer, the School Medical Officer, family doctor and Consultant Chest Physician, to find suitable employment and this has been successfully achieved.

*Maladjusted.*

The Council accepted financial responsibility for a boy attending Ashley School, Market Drayton, whose parents moved to the Island during the year.

Two boys left residential schools, one to attend a local school and the other upon attaining school leaving age, to take up farm work.

Three children in this category recently assessed as needing special educational treatment were requiring places in residential schools at the end of the year.

*Educationally Sub-Normal.*

One boy was at a Residential Special School at 31st December, 1962, and a place is being sought for a girl who has recently been assessed.

Two children, a boy and a girl, considered suitable for Watergate School were transferred from residential schools at the end of the summer term.

Another girl in this category reached school-leaving age. Her future care presented a considerable problem and approval was given by the Mental Health Sub-Committee, with the agreement of her parents, to her transferring to an adult home on the mainland.

*Children unsuitable for Education at School.*

No reports under Section 57 were submitted during the year.

## **WATERGATE SCHOOL**

The opening of Watergate School in September 1962 presented an interesting challenge to the School Health Service since the physical health of the children attending the school is of particular importance in ensuring that the maximum benefit can be obtained from the educational facilities available.

Whenever possible, every child has been medically examined before entry into school. This allows the school doctor to meet the parents and discuss any medical problems that may affect the child's future schooling and also ensures that the class-teacher is aware of such problems before the child commences at school. A very detailed medical history is obtained from the parents and particular care is taken to ensure that the hearing and eye-sight of every child is correctly assessed. Children are referred for a Specialist opinion when required. In the future, each child will have a full routine medical examination every year.

Children with special learning difficulties are frequently found to have associated handicaps in addition. In consequence the children are kept under close supervision by the School Medical Officer and School Nurse, and frequent case conferences are held between the teaching and the medical staff. Both Speech Therapists attend for half a day a week and, apart from the normal physical education syllabus the Remedial Gymnast holds a special class fortnightly.

### **SPASTIC DAY UNIT—CHILDREN SUFFERING FROM CEREBRAL PALSY**

Nine children were attending the Spastic Day Unit on the 31st December, 1962, all being between the ages of 5 years and 16 years, except for one girl of 4 years. During 1962 five children left and four joined the Unit.

The full-time staff of the Unit consists of a headteacher and one assistant teacher, a nursery attendant and two cadet nurses from St. Mary's Hospital. The children who attend the Unit and are unable to use public transport are transported daily to and from the Unit by car.

Physiotherapy is carried out daily, hydrotherapy twice a week and two Speech Therapists attend each for half a day a week. The Unit is visited regularly by the School Medical Officer and the School Nurse and pupils are also seen regularly at the Combined Cerebral Palsy Clinic by the Consultant in Physical Medicine and the Consultant in Orthopaedics. The School Medical Officer also attends this Combined Clinic. The Screening Panel held three ordinary and one special meeting during 1962.

A Symposium on Cerebral Palsy was held on the 1st June, 1962, at the Unit and was an outstanding success, for which the greater part of the credit is due to Dr. Orba, School Medical Officer, and Mr. Goldsbrough, the Headteacher. Invitations were extended to Consultants and all Island Family Doctors and it is hoped as a result there will be a greater awareness of what can be done for cerebral palsied children nowadays, and of the importance of early ascertainment.

During the year a 16-millimetre cine camera, meter and tripod have been purchased out of the Margaret Brodigan Trust Fund. It is hoped to record a film of the work of the Unit and also obtain pictorial records of the children's progress.

Early in January 1962, one boy left to enter a residential school for children suffering from speech disorders and a boy from another local education authority area was transferred to a residential school for maladjusted pupils.

In May a 5-year old spastic boy with an associated speech defect was admitted on a trial basis. He has made considerable progress and now attends on a permanent basis. At the same time a very severely handicapped spastic youth of 17 years was admitted on a temporary basis, pending his placement in a residential home. He finally left the Unit in December 1962.

In June a girl aged 4 years was admitted suffering from paralysis and speech defect as a result of a severe head injury, following a fall from a window.

At the start of the winter term, one girl aged 7 years moved to the mainland, and a boy of 9 years suffering from Muscular Dystrophy who had become unable to manage at an ordinary school was admitted. At the same time a mildly Spastic 12 year old boy also suffering from Epilepsy was transferred to the new Watergate School for Educationally Sub-Normal Children.

SCHOOL MEALS AND MILK

A census of school meals taken on a normal school day in September 1962, gave the following figures :—

<i>Schools</i>			<i>No. in attendance</i>	<i>No. of meals served</i>	<i>Percentage taking meals</i>	
					1961	1962
Primary ...	...	...	6220	3507	52.8	56.4
Secondary	...	...	5342	3229	59.9	60.4
Total			11562	6736	56.1	58.2

The total of 6,736 includes 233 free and 82 half cost meals.

“With the completion of the extensions to Freshwater All Saints Primary School and the provision of a canteen, came the closing in March of Freshwater Central Kitchen, one of the last remaining sub-standard kitchens on the Island. All four schools in the West Wight area now have meals served from their own canteens.

In September, Watergate School was opened with 100 per cent of the children staying to the mid-day meal. This occasion plays an important part in the social training of the children when they, together with the staff, sit down in family units of eight and are served by those children to be ‘mother’ and ‘father’ for that particular day. A most pleasing and informal atmosphere has been created here, an atmosphere which could, and should, be associated with family service methods in all schools.

During the early part of the year there was an acute shortage of potatoes throughout the Country lasting for several weeks. Carbohydrates play an important part in the diet, particularly during cold weather, so that it was essential that this particular nutrient was not affected. The substitutes provided for potatoes were home-made bread rolls, spaghetti, rice and potato flake.

A nutritional analysis of meals served on the Island was carried out in the Autumn term by H.M. Inspector for school meals. A favourable report was received, indicating that the general standard was a little higher than that recommended in the Ministry Circular 290.

Without good cooking and presentation, no diet, however carefully balanced is entirely acceptable, and the aim of the school meals staff must be not only to provide nutritious meals but to provide meals which will be eaten with full enjoyment. With this in mind, day courses were arranged and included demonstrations, lectures and films. These events have been well supported by cooks and their assistants and meals servers. In addition, arrangements were made for meals staff to visit the Catering Exhibition at Olympia, where new equipment and food displays proved to be of great interest.

Mrs. B. Dawson took up her duties as Assistant School Meals Organiser on 5th November, 1962, since when she has been training newly appointed cooks-in-charge and helping kitchens with staffing and organisation problems."

B. E. WELCH,  
*Schools Meal Organiser.*

### Milk in Schools.

The following table shows the number of pupils taking milk on a normal school day in September 1962 :—

<i>Schools</i>		<i>No. in attendance</i>	<i>No. taking Milk</i>	<i>Percentage taking Milk</i>	
				1961	1962
(a) Maintained :					
Primary	... ..	6220	5730	91.4	92.1
Secondary	... ..	5342	2521	45.1	47.2
		<hr/>	<hr/>	<hr/>	<hr/>
		11562	8251	69.7	71.3
		<hr/>	<hr/>	<hr/>	<hr/>
(b) Non-Maintained	... ..	1899	1620	85.6	85.3
		<hr/>	<hr/>	<hr/>	<hr/>

## HEALTH VISITING

### Work of the School Nurses.

The school health visitors made 1,309 visits to schools during the year, and 586 home visits to parents on account of absence from school, infection, and to give advice regarding medical treatment.

Vigilance continued in the state of personal hygiene of school children, and of 1,087 pupils examined for cleanliness it was necessary to re-examine 125, of whom 34 were found to be unclean.

Visions tests, carried out before each school medical inspection totalled 6,034 and 1,920 children were tested for colour vision.

## REPORT OF SPECIALIST HEALTH VISITOR

Miss B. M. Perry, Specialist Health Visitor, reports on the characteristics of the families needing specialist health service during the year.

"There has been increased co-operation this year with many of the General Practitioners.

Good liaison has been maintained with the Housing Department, Public Health Inspectors, National Assistance Board and Probation Officers.

One Co-ordinating Committee Meeting, and several smaller meetings at a functional level have been held, particularly with regard to housing problems.

### Families with school children.

Total number visited	... ..	84
Total number of school children	... ..	218
Total number of follow-up visits	... ..	76

The following is a table of families with school children visited by the Specialist Health Visitor. Ten characteristics of family life were chosen and ten points allocated to each family for each characteristic. The second line shows the improvement after help and frequent visiting by the Specialist Health Visitor.



<i>Characteristics</i>						<i>Families</i>						
						<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>		
Child Care	X	...	...	Before visiting	...	6	2	3	4	6		
				After visiting	...	8	6	7	7	8		
Budgeting	..	...	...	Before visiting	...	4	2	2	2	2		
				After visiting	...	8	6	7	6	8		
Cooking	...	...	X	Before visiting	...	4	2	2	2	2		
				After visiting	...	8	8	8	6	7		
Cleanliness	...	...	...	Before visiting	...	2	2	4	2	2		
				After visiting	...	6	7	8	7	7		
Clothing	...	...	...	Before visiting	...	6	4	4	2	3		
				After visiting	...	8	8	8	8	7		
Bedding	...	...	...	Before visiting	...	4	1	2	3	1		
				After visiting	...	8	7	8	8	8		
Furnishing	...	...	...	Before visiting	...	4	4	4	3	3		
				After visiting	...	8	7	9	7	7		
Repair and Decorating	...	...	...	Before visiting	...	4	2	4	2	3		
				After visiting	...	8	8	7	8	8		
Washing	...	...	...	Before visiting	...	5	2	4	3	4		
				After visiting	...	8	8	8	7	6		
Marital and Family Relations	...	...	...	Before visiting	...	4	4	2	6	4		
				After visiting	...	6	8	6	8	7		
TOTAL.—Before Casework						...	43	25	31	29	30	158
After Casework						...	76	73	76	72	73	370

### Assessment and Follow-up.

Problem families vary according to race and environment. It is not entirely satisfactory to compare the type or incidence in various parts of urban or rural England. Each area has its own particular type, e.g. hut encampments, shacks, overcrowded dwellings, parents of low intelligence, etc. It can be said, however, that all problem families are socially inadequate compared with standards of the community in which they live.

In order to find out which types of families are able to be rehabilitated and warrant time spent on them, the above assessment was made.

Five cases, known to the Specialist Health Visitor for a period of six years, were chosen at random. These families have many problems such as illness, frequent pregnancies, maladjusted children, unemployment, unsuitable accommodation, debt—a combination of factors leading to complete breakdown.

It will be seen from the table that a very definite improvement is shown with guidance, help and continued support. It will be noted that a vast improvement was achieved in the management of cooking and bedding; diet and sleep being major essentials for the promotion of the health of the children. With encouragement these families improved their standards of repair, decorating and furnishing, and this sense of achievement and feeling that they mattered helped them to maintain an all-round improved standard.

This group therefore warrant a larger proportion of the Health Visitor's time in an effort to prevent repetition of the problem pattern in the next generation."

B. M. PERRY,  
*Specialist Health Visitor.*



## PREVENTION OF INFECTIOUS DISEASES

The following table shows the number of notifications of infectious diseases during the year 1962, among children aged 5-14 years inclusive.

Scarlet Fever ... ..	6	(36)
Whooping Cough ... ..	5	(97)
Measles ... ..	104	(1150)
Dysentery ... ..	—	(2)
Meningococcal Infection ... ..	—	(1)
Acute Pneumonia ... ..	—	(1)
Acute Encephalitis (Infective) ... ..	—	(1)
Typhoid Fever ... ..	1	(—)
Food Poisoning ... ..	13	(3)
Tuberculosis (Respiratory) ... ..	1	(1)
Tuberculosis (Other) ... ..	—	(1)

In addition to the statutory notifications the following summary shows the number of other infectious and contagious diseases reported by head teachers :—

Chickenpox ... ..	620	(222)
German Measles ... ..	830	(95)
Mumps ... ..	15	(149)
Influenza and Influenzal Colds ... ..	75	(189)
Other Diseases ... ..	22	(31)

The figures in brackets represent comparative notifications for the year 1961.

## PREVENTION OF TUBERCULOSIS

### 1.—B.C.G. Vaccination.

Heaf testing and, as necessary, B.C.G. vaccination of children approaching 13 years and older continued at the secondary schools, and also at three independent schools which have participated in the scheme for several years.

A total of 1,130 forms were returned by parents, 79 of these intimating that their child was either already under the surveillance of the Chest Physician or had been vaccinated elsewhere, and 103 refusing the test.

The following figures relate to 1,022 children (90.4 per cent) whose parents consented to the preliminary testing, the vaccination and, where necessary, chest X-ray at St. Mary's Hospital :—

<i>Initial skin test.</i>	
No. tested ... ..	989
No. absent ... ..	33
<i>Results of test reading.</i>	
No. found with negative reaction ... ..	789
No. found with positive reaction ... ..	198
No. absent ... ..	2
<i>B.C.G. Vaccination.</i>	
No. of negative reactors vaccinated ... ..	780
No. absent ... ..	4
No. unfit for vaccination ... ..	3
Consent for vaccination withdrawn ... ..	2

The 198 children showing a positive reaction (20 per cent of total tested) received chest X-ray and in no case was active disease found.

An average of 10 per cent of parents refuse the protection of B.C.G. vaccination for their children each year, and it is clear, as borne out by the Mass Radiography Report for 1962\* that the eradication of tuberculosis from the Island will be protracted until this hard-core of parental resistance is won over.

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\*See County Medical Officer's Report.

## **2.—Tuberculin Survey: Skin Testing of School Entrants.**

The Isle of Wight became a specified area under the Milk and Dairies Special Designation Regulations on the 21st October, 1957. Therefore, up until five years ago some infection may have been due to milk but now tuberculosis is most likely to be contracted from a person who is suffering from the disease.

Both Dr. E. F. Laidlaw, the Chest Physician, and I have felt for some time that valuable additional information could be obtained from a survey of the state of tuberculin sensitivity of pupils entering school at the age of 5 years. Investigations on these lines, approved by the Ministry have been, or are now taking place in a number of areas.

The plan is to tuberculin test all school entrants on the Island during their first term at school and continue this for three years. On completion of the three years to retest all those who were negative at the first test, i.e. in their ninth year, at the end of a further three years all those in their twelfth year, and possibly at the end of another three years all those in their fifteenth year. We shall thus be following the tuberculin reactivity of a three year cohort of children throughout their school life. It is appreciated that the present age for B.C.G. may be lowered before the end of this investigation but this can be taken into account when it happens. If the age is lowered to say ten, we could do a final test in that year. It would curtail the investigation but not spoil it. It is not proposed to offer tuberculin negative school entrants B.C.G. as this, of course, would not be in accordance with the present policy.

The proposal to carry out skin testing only of 5-year old children whose parents agree to co-operate was approved, subject to annual review, by the Committees concerned by September 1962.

This scheme will not only permit us to make an accurate assessment of the extent of tuberculosis in the community but will, of course, allow us to take preventive and remedial steps to stamp out the disease.

Skin testing commenced during the Autumn 1962 term at the Infant schools. As the scheme is in its infancy my remarks concerning progress will appear in next year's report.

## **Tuberculosis in School Children.**

Early in the year notification was received of a case of pulmonary tuberculosis in a pupil attending a secondary school. All contacts, pupils and teachers were followed-up and no other cases were detected. The boy concerned, who was admitted for a short period of treatment to the Royal National Hospital, Ventnor, returned to school in May and finally left the Island during the summer.

This pupil was the only one in his class whose parents refused the skin test and B.C.G.

## **IMMUNISATION AGAINST DIPHTHERIA**

During the year 89 children aged 5 to 14 years completed a full course of primary immunisation against diphtheria, and 921 were given a reinforcing injection.

## VACCINATION AGAINST POLIOMYELITIS

With the Minister's announcement on 24th October, 1961, of his intention to make live oral vaccine available for routine vaccination against poliomyelitis, reinforcing fourth injections of Salk vaccine to children of five and over already at school, who had not reached the age of 12 years were, as mentioned in my last report, suspended forthwith.

The restriction was lifted from 31st March, 1962, with the introduction of routine oral vaccine, and during the year the following vaccinations were carried out :—

*Children between the ages of 5 and 12 years.*

Received reinforcing fourth doses of "Salk" vaccine	...	264
Received reinforcing fourth doses of oral vaccine	...	681

### PART I.

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL INSPECTION AND TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31st DECEMBER, 1962.

**Table A—Periodic Medical Inspections**

Age groups inspected (by year of birth)	No. of pupils inspected	Physical condition of pupils inspected				Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later ...	46	46	100.0	—	—	—	6	6
1957 ...	912	911	99.9	1	0.1	3	84	85
1956 ...	121	121	100.0	—	—	1	4	4
1955 ...	32	32	100.0	—	—	—	—	—
1954 ...	893	891	99.8	2	0.2	17	32	49
1953 ...	121	121	100.0	—	—	—	5	5
1952 ...	6	6	100.0	—	—	2	—	2
1951 ...	243	243	100.0	—	—	18	29	45
1950 ...	669	665	99.4	4	0.6	18	39	56
1949 ...	266	265	99.6	1	0.4	5	8	12
1948 ...	344	343	99.7	1	0.3	12	49	56
1947 and earlier	1020	1016	99.6	4	0.4	10	15	25
Total ...	4673	4660	99.7	13	0.3	86	271	345

**Table B—Other Inspections**

Number of Special Inspections	...	...	...	...	254
Number of Re-Inspections	...	...	...	...	2346
Total	...	...	...	...	<u>2600</u>

**Table C—Infestation with Vermin**

a	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	1087
b	Total number of individual pupils found to be infested	31
c	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	None
d	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	None

**PART II.**

**RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATION.**

**Tables A and B—Periodic Examinations**

Defect or Disease				Periodic Examinations								Special Examination	
				Entrants		Leavers		Others		Total			
				(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)		
Skin	...	...	...	14	67	17	50	19	72	50	189	—	12
Eyes :	(a)	Vision	...	4	53	22	56	60	71	86	180	13	6
	(b)	Squint	...	16	10	1	4	2	14	19	28	2	—
	(c)	Other	...	3	5	6	12	3	20	12	37	—	2
Ears :	(a)	Hearing	...	7	21	3	11	6	19	16	51	3	5
	(b)	Otitis Media	...	2	19	—	7	—	12	2	38	—	2
	(c)	Other	...	—	6	1	3	—	5	1	14	—	—
Nose and Throat	...	...	...	16	103	3	40	9	95	28	238	2	16
Speech	...	...	...	12	30	1	1	6	14	19	45	7	8
Lymphatic Glands	...	...	...	1	8	—	2	—	8	1	18	—	—
Heart	...	...	...	1	9	—	16	1	10	2	35	—	3
Lungs	...	...	...	8	44	6	18	10	49	24	111	2	6
Development :	(a)	Hernia	...	—	1	—	1	1	1	1	6	1	—
	(b)	Other	...	2	25	2	11	8	44	12	80	2	3
Orthopaedic :	(a)	Posture	...	—	8	6	13	9	17	15	38	5	2
	(b)	Feet	...	9	38	4	12	19	16	32	66	3	9
	(c)	Other	...	19	49	16	51	15	65	50	165	5	12
Nervous System :	(a)	Epilepsy	...	1	8	—	2	1	5	2	15	2	—
	(b)	Other	...	—	4	3	4	—	11	3	19	1	2
Psychological :	(a)	Development	...	—	5	—	4	2	10	2	19	—	27
	(b)	Stability	...	—	36	2	15	1	41	3	92	1	15
Abdomen	...	...	...	3	12	1	4	1	12	5	28	1	1
Other	...	...	...	—	26	3	11	6	28	9	65	1	6

(T)—Requiring Treatment.

(O)—Observation.

**PART III.**

**TREATMENT OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS.**

**Table A—Eye Diseases, Defective Vision and Squint**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	5
Errors of refraction (including squint)	796
Total	801
Number of pupils for whom spectacles were prescribed	112

**Table B—Diseases and Defects of Ear, Nose and Throat**

	<i>Number of cases known to have been dealt with</i>
Received operative treatment :—	
(a) For diseases of the ear ... ..	2
(b) For adenoids and chronic tonsillitis ... ..	232
(c) For other nose and throat conditions ... ..	1
Received other forms of treatment ... ..	374
Total ... ..	609
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) In 1962 ... ..	2
(b) In previous years ... ..	8

**Table C—Orthopaedic and Postural Defects**

	<i>Number of cases known to have been dealt with</i>
(a) Pupils treated at clinics or out-patients departments ... ..	782
(b) Pupils treated at school for postural defects ... ..	30
Total ... ..	812

**Table D—Diseases of the Skin**

(excluding uncleanliness, for which see Table C of Part I)

	<i>Number of cases known to have been treated</i>
Ringworm : (a) Scalp ... ..	—
(b) Body ... ..	2
Scabies ... ..	—
Impetigo ... ..	11
Other skin diseases ... ..	74
Total ... ..	87

**Table E—Child Guidance Treatment**

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics ... ..	87



**Table F—Speech Therapy**

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists ...	176

**Table G—Other Treatment Given**

	<i>Number of cases known to have been treated</i>
(a) Pupils with minor ailments ...	839
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	-
(c) Pupils who received B.C.G. vaccination ...	780
(d) Other than (a), (b) and (c) above ...	-
Total (a) + (d) ...	1619

## PART IV.

### DENTAL INSPECTION AND TREATMENT

(Carried out by the Authority)

#### a Dental and Orthodontic Work:

1) Number of pupils inspected by the Authority's Dental Officers:		
(i) At periodic inspections ...	11525	
(ii) As specials ...	739	Total 12264
2) Number found to require treatment ...		6300
3) Number offered treatment ...		5168
4) Number actually treated ...		3117

#### b Dental Work (other than Orthodontics):

(1) Number of attendances made by pupils for treatment, excluding those recorded at (c) (i) below ...		5535
(2) Half days devoted to:		
(i) Periodic (School) Inspection ...	99	
(ii) Treatment ...	1067	Total 1166
(3) Fillings:		
(i) Permanent teeth ...	5157	
(ii) Temporary teeth ...	1349	Total 6506
(4) Number of teeth filled:		
(i) Permanent teeth ...	4695	
(ii) Temporary teeth ...	1274	Total 5969
(5) Extractions:		
(i) Permanent teeth ...	443	
(ii) Temporary teeth ...	1113	Total 1556
(6) Administration of general anaesthetics for extraction ...		1
(7) Number of pupils supplied with artificial teeth ...		18
(8) Other operations:		
(i) Permanent teeth ...	539	
(ii) Temporary teeth ...	767	Total 1306

#### c Orthodontics:

(i) Number of attendances made by pupils for orthodontic treatment ...	615
(ii) Half days devoted to orthodontic treatment ...	93
(iii) Cases commenced during the year ...	42
(iv) Cases brought forward from the previous year ...	40
(v) Cases completed during the year ...	30
(vi) Cases discontinued during the year ...	5
(vii) Number of pupils treated by means of appliances ...	62
(viii) Number of removable appliances fitted ...	58
(ix) Number of fixed appliances fitted ...	-





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